



## ***Photo Release Form***

Panthers Girls Hockey Association  
P.O. Box 166  
Cos Cob, CT 06807

Permission to Use Photograph

Players Name: \_\_\_\_\_

Players Team: \_\_\_\_\_

Season: 2016-2017

I grant to Panthers Girls Hockey Association, the right to take photographs of my player in connection with the above-identified organization. I authorize Panthers Girls Hockey Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Panthers Girls Hockey Association may use such photographs of my daughter with or without my name, and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)