

# **Hallock Youth Hockey**

## **Photo Release Form**

I give permission for photographs of the persons listed below to be published on the website of Hallock Youth Hockey. I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

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I am the parent or legal guardian of the following child(ren) under 18 years of age, and I give permission for their images to be published.

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade \_\_\_\_\_

Adult's name (print): \_\_\_\_\_

Adult's signature: \_\_\_\_\_