

City Hall, 453 West 12th Avenue, Vancouver, BC V5Y 1V4 604.873.7011 [vancouver.ca](http://vancouver.ca)

## Consent for the City of Vancouver to use Photographic, Audio and/or Video Recordings

*Hastings Ball Hockey League (HBHL)*

Program/Event name

*Fall - 2022*

Date

I AUTHORIZE, free of charge and forever, the recording and/or photographing (the “Released Media”) of myself/my child by the City of Vancouver, Vancouver Park Board, Vancouver Public Library and their respective affiliates, agents, and employees (the “City Group”). Examples include without limitation: use in program brochures, on public displays, and through the Internet in any format or medium, including web-posting, web-streaming, and social media (“Examples”).

I understand that my/my child’s name or any other personal information regarding the identification by name of myself/my child (except as contained in the actual photograph or recording) will require my additional consent.

**YES**, I authorize the City Group to record, photograph, and use the Released Media of my child/myself as described *to promote and document the above-noted program.*

**NO**, I do not authorize the City Group to record, photograph, and use the Released Media of my child/myself as described.

### General Terms for Released Media:

I acknowledge there will be no money or other compensation payable by the City Group to me for the Released Media. The copyright in the Released Media is and will remain the exclusive property of the City Group. I agree that the City Group is granted free of charge and forever the right to edit and modify the Released Media as it sees fit without my/my child’s consent (otherwise known as “waiver” of artistic or moral rights under copyright law).

I understand that this consent form is legally binding and so affects my child’s/my legal rights on the basis set out above.

### I have read and understood this consent form.

**Participant:** (mandatory where participant is 19+)

Signature (preferred but not necessary where participant is under 19)

Print name

Date

Telephone

### Parent/legal guardian:

(not needed where participant is 19+)

Signature

Print name

Date

Telephone

### Reviewed for completeness by staff:

Signature

Print name

Date

Digital file name