



PERMISSION TO USE PHOTOGRAPH

I hereby grant to The Cape Cod Waves, Inc., its representatives and employees the right to take photographs of my child and their property in connection with the Cape Cod Waves Hockey programs, events, practices, games and clinics.

I further authorize The Cape Cod Waves, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Cape Cod Waves, Inc. may use such photographs of my child with or without their 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:

Players Name: _____

Signature, parent or guardian (if under age 18)

Printed Name: _____

Date: _____