



## **North Shore Whitecaps AAA Zone Hockey Association**

*(Hereafter referred to as the NSW Zone)*

Waiver – Date: \_\_\_\_\_

I, the parent and/or guardian of \_\_\_\_\_ (the player), by reading and signing this letter, grant to the NSW Zone and my son or daughter's team staff the right and license to record (audio and video), edit, broadcast, reproduce, and distribute (in whole or in part, and in any form and on or through any medium—whether currently existing or developed in the future) practices, matches, and tournaments in which the player participates ("Events"). I also grant the right to use the player's name, voice, and likeness in connection with such broadcasting or reproduction, without any compensation payable to me or the player.

I understand that events may be broadcast live over the internet and may be made available on-demand after the event has taken place. I acknowledge that this may involve the collection, use, and retention of personal information and personal health information, and I confirm that my consent includes all such use.

The NSW Zone and my son or daughter's team staff will treat this personal information in accordance with their respective Privacy Policies, which may be accessed on the NSW Zone website.

Without limitation, I acknowledge and agree that the NSW Zone and my son or daughter's team staff may disclose personal information to third parties that provide services related to hockey operations and administration.

I further acknowledge and agree that the NSW Zone and my son or daughter's team staff may share personal information between them.

The NSW Zone and my son or daughter's team staff do not sell, trade, or otherwise share personal information collected by them or which otherwise comes into their possession.

I further consent to the NSW Zone and my son or daughter's team staff using and disclosing personal information for the purposes of offering additional services and promotions (including those offered by third parties), and/or for conducting hockey-specific research, including medical research related to concussion protocols.

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By signing below, I acknowledge that I have reviewed the Code of Conduct and agree to be bound by all terms without exception.

Signature of Player: \_\_\_\_\_ Player Name: \_\_\_\_\_

Signature of Parent/Guardian 1: \_\_\_\_\_ Name: \_\_\_\_\_

**Signature of Parent/Guardian 2:** \_\_\_\_\_

**Name:** \_\_\_\_\_