



**PRO CALIBER LACROSSE ACADEMY LTD.**  
**Photo Release Form**

Registrant name: \_\_\_\_\_ (the "Registrant")

**Permission to Use Image:**

I, the parent/legal guardian of the above-named Registrant, give my permission to any photographer working or volunteering on behalf of and authorized by **PRO CALIBER LACROSSE ACADEMY LTD. ("PCL")** to take photographs and videos of the Registrant in connection with PCL related activities.

I authorize PCL to copyright, use and publish the same in print and/or electronically without compensation to me. Permitted uses of such photographs and videos include, but are not limited to: websites, photo sharing sites, social media sites, and printed promotional material for PCL.

I agree that PCL may use such photographs of the Registrant without the name identified, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and social media/internet content.

**I have read and understand above:**

\_\_\_\_\_  
*Signature (of Parental Guardian)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*