TO WHOM IT MAY CONCERN:

British Columbia Golf is a non-profit society dedicated to the promotion of golf.

Photo Release Form

Organization Name: **British Columbia Golf**

Address: **Unit 116, 7198 Vantage Way**
City: **Delta**
Prov: **British Columbia**
Postal Code: **V4G1K7**

I, _____ **(PRINT NAME)**,
and/or as parent/guardian of _____ (**PRINT CHILD'S NAME, if under 19 years of age)**, consent to the British Columbia Golf Association ("BC Golf") taking photographs, video recordings, and/or other media of myself and/or my child in connection with participation in BC Golf programs, events, and activities, including but not limited to:

- Team BC training and regional squad programs
- Provincial and regional selection camps
- Inter-Provincial team activities
- Youth and junior camps, clinics, and other participation programs

Use of Images

I understand and agree that BC Golf may use these images and recordings for purposes including:

- Program documentation and record-keeping
- Promotional materials and publications
- Website and social media (e.g., Instagram, Facebook, X)
- Marketing and public relations initiatives

I understand that these images may be used without further notice and without compensation.

Privacy & Consent

I understand that:

- My personal information and/or my child's personal information will be handled in accordance with applicable privacy laws in British Columbia, including the Personal Information Protection Act (British Columbia)
- Images will not be used in a way that is intentionally misleading or inappropriate
- I may withdraw my consent at any time in writing, subject to reasonable notice and any materials already in use

Release

I grant BC Golf and its representatives the right to use, reproduce, and distribute images and recordings as outlined above.

Acknowledgement

By signing below, I confirm that I have read and understand this consent form and agree to the collection and use of images as described.

Name: _____

Signature: _____

Date: _____

If signing on behalf of a minor:
I confirm that I am the parent/legal guardian of the above-named child and have the authority to provide this consent.

Guardian Name: _____

Signature: _____

Date: _____