



**St Sebastianette Archery Club**  
**Members' Information and Consent Form**

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

**Phone** (include area code): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Pr:** \_\_\_\_\_ **P/C:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Member since:** \_\_\_\_\_

**Age:**  18 years +  below 18 years (must have parent or guardian sign form on their behalf)

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number** (include area code): \_\_\_\_\_

**Likeness, Photos, Videos:** I grant the **Manitoba Pole Archery Association, and all its member clubs and club members** (who may produce or provide materials such as my likeness, photos, and/or videos, taken of me during Pole Archery events), permission to use said likeness, photos, and/or videos, taken of me or by me to promote Pole Archery in Manitoba via print, digital or any other means. This permission is granted in perpetuity.

Yes  No

**Email Contact:** I grant permission for St Sebastianette Archery Club to contact me by email. I know that I can revoke this permission at any time, but I may miss important club information.

Yes  No

**Authorization:** Members, please sign here. If member is under age 18, a parent/guardian must sign.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name** (please print): \_\_\_\_\_

*Our pledge to you - Your personal information will be used for matters pertaining to the administration of the St Sebastianette Archery Club only, and never sold, bartered or shared with anyone outside the club.*