



Humboldt Broncos Legacy Bursary Media Waiver

Student Name:	School:
Address:	
Email:	Telephone:
Parent/Caregiver:	Parent/Caregiver:

I, _____, winner of the Humboldt Broncos Legacy Bursary, recognize that in accepting this bursary I may be photographed/recorded/filmed by Horizon School Division, organizers of the Humboldt Broncos Memorial Golf Tournament, and/or by the media.

I hereby authorize Horizon School Division No. 205 and organizers of the Humboldt Broncos Memorial Golf Tournament to capture my image and likeness in photographs, video, digital media, motion pictures, audio recordings, or any other audio, visual, online, or interactive media. I acknowledge that Horizon School Division and the organizers of the Humboldt Broncos Memorial Golf Tournament, will own such images and further grant my permission to display, publish, distribute, use, modify, print, and reprint such images in any manner related to Horizon School Division and the Humboldt Broncos Memorial Golf Tournament business, including without limitation, publications, advertisements, newsletters, brochures, websites, videos, digital media, or other electronic displays and transmissions.

**Signature of
Scholarship
Winner:**

Date:

**Signature of
Parent/
Caregiver:**

Date:

**Signature of
Parent/
Caregiver:**

Date:
