

Permission Form for the use of Photographs or Recorded Images

Event details

Event Title:

Date:

Location:

Purpose of Photography or Filming:

Parent /Carer

I _____ (parent/carer full name)

consent/does not consent to the photographing/videoing and publication of images of:

_____ (young person full name)

under the CPSA's Child Protection guidelines, and I am legally entitled to give this consent.

Signature: _____ Date: _____

Young/Disabled Person

I _____ (full name)

consent/do not consent to the photographing/videoing and publication of images of me involved in activities related to shooting.

Signature: _____ Date: _____

Clubs and Associations – please retain this document