

PHOTOGRAPH/ FILM FOOTAGE CONSENT FORM

Name of Event

It is intended to take photographs at the above event. Please sign the appropriate sections and return promptly to address below.

Section One

To be completed by an appropriate representative of the subject taking part in the event if permission has been granted by the subject's parents/carers:

Name (please print) _____

Contact number _____

Address _____

Please sign this statement

I hereby grant/do not grant (delete as applicable) (Event Organiser) the absolute right to use the images resulting from this photo/film shoot. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature _____ Date ____ / ____ / ____

Section Two

To be completed by a parent / carer of person to be photographed

Name (please print) _____

Address _____

Please sign this statement

I hereby grant/do not grant (delete as applicable) (Event Organiser) the absolute right to use the images resulting from photography at the event mentioned above. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature _____ Date ____ / ____ / ____