

IMAGE CONSENT FORM

[INSERT NAME AND LOGO OF CLUB/ORGANISATION]

The [full incorporated name of organization/club] wishes to record photographic and/or video images [delete one if required] of your child for the purposes of:

[Insert purposes here e.g. coaching, promotional material, broadcast, print or electronic media]

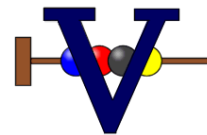
- a)
- b)
- c)
- d)

The Club nor any of its servants, agents or volunteers will:

- a) not use the **photographs/videos** for any other purpose than stated above;
- b) not use them in any manner that is in breach of the law or the Child Safe Framework;
- c) not record any personal or identifying information about the persons in the **photographs/videos** together with such **photographs or videos**;
- d) retain possession of the originals in a secure location and not publish or distribute any part or all of them without your consent; and
- e) ensure that any such personal or identifying information collected will always remain confidential.

If you have any concerns about the taking or use of the **photographs/videos** please contact:

NAME	
CONTACT PHONE	
EMAIL ADDRESS	



CONSENT

Please tick one box:

- I give [name of Club] permission to use images/videos [delete one if required] taken of my child solely for the purposes stated above and subject to the conditions set out in this form.
- I do not grant [name of Club] permission to use images/videos [delete one if required] taken of my child.

NAME OF INDIVIDUAL PHOTOGRAPHED/VIDEOED	
DATE OF BIRTH	
CONTACT NUMBER	
NAME OF PARENT/GUARDIAN (Required if individual is under 18yrs)	
PARENT/GUARDIAN SIGNATURE	