



## Parents Photography Consent Form

Note: this form must be read and completed after reading Swim England Jersey Swimming Club Photography Policy.

The Jersey Swimming Club may wish to take photographs of individuals and/or groups of swimmers under the age of 18 that may include your child during their membership of the club. All photographs will be taken and published in line with Swim England Photography Policy. The Jersey Swimming Club requires parental consent to take and use all photographs.

Parents have a right to refuse agreement to their child being photographed.

As the parent or carer of \_\_\_\_\_ please complete the form below in respect of your child or children. Please note you can withdraw your consent in writing to the Club Welfare Officer at any time should you wish to.

<input type="checkbox"/>	Take photographs to use on the club's secure website	Consent given <input type="checkbox"/> Consent refused* <input type="checkbox"/>
<input type="checkbox"/>	Take photographs to use on the Club's Social networking sites	Consent given <input type="checkbox"/> Consent refused* <input type="checkbox"/>
<input type="checkbox"/>	Take photographs to include with newspaper articles	Consent given <input type="checkbox"/> Consent refused* <input type="checkbox"/>
<input type="checkbox"/>	Take photographs to use on club notice boards	Consent given <input type="checkbox"/> Consent refused* <input type="checkbox"/>
<input type="checkbox"/>	Filming for training purposes only	Consent given <input type="checkbox"/> Consent refused* <input type="checkbox"/>
<input type="checkbox"/>	Employ a professional photographer (approved by the club) who will take photographs in competitions/galas/meets/club events	Consent given <input type="checkbox"/> Consent refused* <input type="checkbox"/>

\*Delete as appropriate

Signed:( parent/carer) \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Please return this form to: Jersey Swimming Club Administrator.





## Child Photography Refusal of Consent Form

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I refuse permission for the taking and/or publication of any images of my child by Jersey Swimming Club's appointed photographer(s) in respect of \_\_\_\_\_ (activity).

Signed (parent/carer): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: Jersey Swimming Club administrator.

