**Template 11**

**Parent/Carers Permission template for use of photographs and recorded images**

This form is to be signed by the legal guardian of a young person under the age of 18, together with the young person. Carers of adults at risk should also sign the form in the presence of the adult at risk. Please note that if you have more than one child/ adult at risk registered you will need to complete separate forms for each.

 [County/Club] recognises the need to ensure the welfare and safety of all young people and adults at risk in bowls and as part of our commitment to ensure their safety we will not permit photographs, video images or other images to be taken or used without your consent.

The [County/Club] will follow the guidance for the use of images of young people or adults at risk as detailed within the respective Child Protection Policy and Procedures. (Attached for information).

The [County/Club] will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of [County/Club].

**IF YOU BECOME AWARE THAT THESE IMAGES ARE BEING USED INAPPROPRIATELY YOU SHOULD INFORM THE *(Club)* SAFEGUARDING OFFICER IMMEDIATELY**

The photographs may be made available on the clubs/counties website , Facebook and or Twitter pages.

For the bowls season year ……., If at any time either the parent/guardian/carer wishes the data to be removed from the website, 7 days’ notice must be given to allow data to be removed.

To be completed by parent/guardian/carer, I …………………………………….… (Full name)
Consent / do not consent to \*

(Name of organisation) ………………………..……Bowling Club. Photographing or videoing
………………………………. (Name of individual)

Under the stated rules and conditions, and I confirm I have legal parental/carer responsibility for this individual and am entitled to give this consent. I also confirm that there are no restrictions related to the taking of photographs.

Signature……………………………………………….…. Date……………….

Print Name …………………………………………………..

To be completed by child/adult at risk (if applicable) …………………………………..…………... (Name of individual)
Consent / do not consent to \*

The Bowling Club photographing or videoing my involvement in all aspects of bowling activities.

Signature……………………………………………….…. Date……………….

Print Name …………………………………………………..

\* Delete as appropriate