**Permission for Photography of Child Bowlers (U18)**

This form is to be signed by the legal guardian of a young person under the age of 18, together with the young person. A separate form is needed for each child.

 ………………………………. [County/Club] recognises the need to ensure the welfare and safety of all children 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 attached BDA guideline document.

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 OR COUNTY SAFEGUARDING OFFICER IMMEDIATELY

The photographs may be made available on the club’s/county’s/National Governing Body’s (NGB) website, and social media pages.

For the bowls season year ……., if at any time, the parent/carer wishes the data to be removed by the club/county/NGB, 7 days’ notice must be given to allow data to be removed.

**To be completed by parent/carer**,

I …………………………………….………… (Full name) consent to

……………………………..…… ……..……. (Name of organisation) photographing or videoing

……………………………………………….. (Name of child)

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** (if 16 or 17)

…………………………………..…………... (Name of individual)

I consent to ……………………………………. photographing or videoing my involvement in all aspects of bowling activities.

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

Print Name …………………………………………………..