

Worcestershire Bowling Association

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.

The County 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 will follow the guidance for the use of images of young people or adults at risk as detailed within the respective Safeguarding. (Attached for information).

The County 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 **Worcestershire Bowling Association**.

IF YOU BECOME AWARE THAT THESE IMAGES ARE BEING USED INAPPROPRIATELY YOU SHOULD INFORM THE COUNTY SAFEGUARDING OFFICER IMMEDIATELY

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

For the bowls season year 202 /202 . If at any time 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 *

Worcestershire Bowling Association. 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 *

Worcestershire Bowling Association photographing or videoing my involvement in all aspects of bowling activities.

Signature..... Date.....

Print Name

* Delete as appropriate