

Individual Permission Form for taking or use of images

 *(insert Club/Region/Swim Ireland)* request permission to photograph and/or record video footage for (event/activity).

Photographs/videos will be taken by an appropriate person appointed to do so by

 *(insert Club/Region/Swim Ireland)*. Any images will be used, held and stored in accordance with the Swim Ireland Filming and Photography Policy as specified in latest version of the *Swim Ireland Safeguarding Children Policies and Procedures*. No child/young person will be identified individually in any published image or film footage.

Consent

I confirm that I give permission to be filmed and/or photographed for the event described above. Any photographs and/or part of the video may be used in accordance with the Swim Ireland Filming and Photography Policy.

Athlete’s name: Membership no.

(Print name)

Athlete’s signature: Date:

If athlete is under 18 the parent/guardian must also sign to give consent:

I confirm that I give permission for my child to be filmed and/or photographed and confirm I am the legal parent/guardian of the above named young person.

Parent/Guardian’s name:

(Print name)

Parent/Guardian’s signature: Date:

Notes

This permission will remain valid until (insert date)