

# Parent / Guardian/ Carer and the Individual's permission form for the Use of Photographs and recorded Images

I ..... Consent/ Do not consent to the photographing/videoing  
(Insert name and position e.g. guardian, carer) and publication of images of

.....  
(Insert name of the individual)

At .....  
(Insert name of Event)

Under Bowls Child and Vulnerable Adult Protection guidelines and I confirm that I am legally entitled to given this consent.

I also confirm that .....is not under a court order  
(insert name of individual)

Signature .....

Date: .....

## For completion by the individual

I ..... (Insert name of individual) Consent to the photographing/videoing and publication of images of my involvement in Bowls under Bowls Child and Vulnerable Adult Protection guidelines

Signature ..... Date: .....

Please return this form to .....

..... Post Code .....  
(Insert Event Organiser/ Event CPO and address to return to as appropriate)

**Event registration Form**

**To be completed by anyone that wishes to take Photographs or use Video equipment at the event**

Event Title .....

Date .....

Name .....

Media/Parent/Guardian/Carer etc.....

Address .....

.....

Telephone No .....

Purpose of photography/filming .....

.....

I wish to take photographs or record images at this event. I agree to abide by the event organiser's guidelines and confirm that the photographs or recorded images will only be used appropriately.

Signature .....

Date .....

**Please complete this registration form and return it to the Event Organiser before the start of the event.**