

Parent/Carers Permission 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.

DSMBA 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 DSMBA 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 DSMBA 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 (*Bowls Club*) WELFARE OFFICER IMMEDIATELY

The photographs may be available on the website <http://dorsetsmba.co.uk/>

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 the Bowls Association Welfare Officer after which the data will 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 Association photographing or videoing my involvement in all aspects of bowling activities.

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

Print Name

* Delete as appropriate