

Parent/Guardian/Carer 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 vulnerable adults should also sign the form in the presence of the vulnerable adult. Please note that if you have more than one child/vulnerable adult registered you will need to complete separate forms for each.

Sussex County Indoor Bowls Association recognises the need to ensure the welfare and safety of all young people and vulnerable adults 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 Sussex County Indoor Bowls Association will follow the guidance for the use of images of young people or vulnerable adults as detailed within the respective Child Protection Policy and Procedures.

The Sussex County Indoor Bowls Association 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 Sussex County Indoor Bowls.

IF YOU BECOME AWARE THAT THESE IMAGES ARE BEING USED INAPPROPRIATELY YOU SHOULD INFORM THE SUSSEX COUNTY INDOOR BA SECRETARY IMMEDIATELY

The photographs may be available on the Sussex County IBA website <http://www.sciba.net>

For bowls season **2017/18**. Any time either the parent/guardian/carers wishes the data to be removed from the website, 7 days' notice must be given to the Sussex County Secretary after which the data will be removed.

To be completed by parent/guardian/carers, I (full name)
Consent / do not consent to *

(Sussex County Indoor BA).....Photographing or videoing

.....(Name of individual)

Under the stated rules and conditions, and I confirm I have legal parental/carers 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/vulnerable adult.(if applicable I(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

Return to: Hon. Secretary, SCIBA, Sea Barn, The Warren, Ferring, West Sussex BN12 5PQ

* Delete as appropriate