**Photography and Filming consent form**

**Updated October 2017**

In accordance with our Safeguarding Policy, Photography Guidance and Photography and Video Advice (CPSU) we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and the child.  
  
The (organisations name) will follow the guidance for the use of photographs and videos, a copy of which is available from (member of staff responsible).  
  
The (organisations name) will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform (insert organisations name) immediately.

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| Consent information: | |
| *To be completed by parent/carer:*   * I consent to (organisations name) to utilize my son/daughter’s name, voice, statements, photograph, image, likeness, actions in any live or recorded form (including, but not limited to, any form of photography, video, display, web content or other transmission or reproduction), in whole or in part, for promotional, training, assessment my child (child’s name) * I can confirm that I have read, or been made aware of, the organisation’s **photography and videoing policy**. * I can confirm that I have read, or been made aware of how the organisation’s will use these images or videos in future and how these images or videos will be stored within the organisation. * I understand that consent is last for one whole year, unless stated otherwise and that if I wish to remove my consent I must contact (organisations name) directly. | |
| *To be completed by child:*   * I (child’s name) consent to (organisations name) photographing or videoing my involvement in sporting activities. * I confirm that I have read, or been made aware of, the organisation’s photography and videoing policy. | |
| **Signature of child/young person :** |  |
| **Print name child/young person:** |  |
| **Date:** |  |
| **Signature of parent /carer:** |  |
| **Print name parent/carer:** |  |
| **Date:** |  |