

Fairlop Paddlesport Photo/ Video Consent Form

We would be grateful if you could complete this form to allow us to take photographs of yourself/your child to use for both physical and online publicity.

I Give **Fairlop Paddlesport** permission to take photographs and / or video of myself/my Child.

I Grant **Fairlop Paddlesport** full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the groups aims. This may include (but is not limited to), the right to use them in printed as well online publicity, social media, press releases and funding applications.

Name Of Member	
Name of Parent/Guardian (if member is under 18)	
Signature of Parent/Guardian (if member is under 18)	
Signature of Member	
Date	