**Photography / Video Consent Form**

Please use BLOCK CAPITALS

Photographer’s details:

Name:

Address:

Postcode:

Relationship between the photographer and the subject(s) in the photographs:

(E.g. father of birthday child, team coach)

Date on which photographs/video are to be taken: / /

Facility where photographs/video are to be taken:

Reason for photographs/video being taken and the intended use of the stored images: (e.g. family record, promotional material, newspaper)

By signing this request, I hereby:

(a) acknowledge that the law may require me to receive the consent of every person photographed, filmed and or videotaped and that failure to receive such consent may result in disciplinary action taken against me. I understand that I am solely responsible for acquiring the consent of each person photographed, videotaped or filmed;

(b) acknowledge that I am solely responsible for the content of the photographs/videotapes/films and how they are used and that the images will only be used for the reasons given;

(c) agree that I am not using the photographs/videotapes/films for any commercial or news media purposes;

(d) acknowledge that I have received and read a copy of the *Procedures for Photography, Videotaping, and Filming in Edge Hill Sport Facilities*, and agree to follow those guidelines and procedures.

(e) agree if any customer complains or expresses concern whilst taking the photographs/video or if asked to by the Duty Manager, I will stop taking photographs/video immediately.

Signed: Date: / /

**For Edge Hill Sport Use Only**

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| Approval Given: Yes No  Date of approval: / /  Name of Manager giving approval:  Number of Application:  Booking Reference Number (if applicable):  Confirmation returned to customer: Yes No | | |  | | |