

Official Photography Refusal of Consent Form

Name of Swimmer: _____

Membership Number: _____

Event: _____

I refuse permission for the taking and/or publication of images of my child or myself by the event's Official Photographer(s).

Signed _____
(Competitor/Parent/Carer):

Print Name: _____

Date: _____

Please return this form back to: Event Officer at the event or send to Swim England Events Department, Pavilion 3, SportPark, 3 Oakwood Drive, Loughborough University, Leicestershire, LE11 3QF.