



Stevenage Swimming Club Photography and filming consent form in association with Swim England

Name of Organisation	(click here to enter text)
Website or link to Privacy Policy	(click here to enter text)

This form must be completed after reading the Swim England Photography and Filming guidance contained in Wavepower.

The organisation may wish to take photographs or film individual or groups of members under the age of 18 that may include your child during their membership of the organisation. All photographs and filming and all use of such images will be in accordance with the Swim England Photography and Filming Guidance and the organisation's Privacy Policy (available at the website above or otherwise on request).

The organisation will take all reasonable steps to ensure images and any footage is being used solely for their intended purpose and not kept for any longer than is necessary for that purpose. If you have any concerns or questions about how they are being used please contact the Welfare Officer to discuss this further.

As a parent/guardian please complete the below in respect of your child/ren. We encourage all parents/guardians to discuss and explain their choices with their child/ren. Please note that either you or your child can withdraw consent or object to a particular type of use by notifying the Welfare Officer at any time. For the purposes of the organisations record keeping we ask if possible that such requests are made in writing wherever possible.

As the parent/guardian of [\(insert child's name\)](#) I am happy for:
[tick appropriate boxes]

Yes	No	Media uses
☐	☐	My child's photograph to be used on the organisations website.
☐	☐	My child's photograph to be used on the organisations social media platform/s.
☐	☐	My child's photograph to be used within other printed publications such as newspaper articles about the organisation.
☐	☐	My child's photograph to be taken by a professional photographer employed by the organisation as the official photographer at competitions, galas and other organisational events.

Yes	No	Training uses (training videos to be deleted once the relevant training is complete)
☐	☐	My child to be filmed by the organisation for training purposes.

Signature	(click here to enter text)
Printed name	(click here to enter text)
Date	(click here to enter text)

Please return this form to the Welfare Officer at the organisation.