

ESSEX COUNTY SHORT MAT BOWLS ASSOCIATION

BOWLING CODES OF PRACTICE



USE OF PHOTOGRAPHS AND RECORDED IMAGES

I I CONSENT/ DO NOT CONSENT TO THE PHOTOGRAPHING/VIDEOING (*INSERT NAME AND POSITION E.G. GUARDIAN, CARER*) AND PUBLICATION OF IMAGES OF.

.....
(*INSERT NAME OF THE INDIVIDUAL*)

IN LINE WITH CHILD AND VULNERABLE ADULT PROTECTION GUIDELINES, I CONFIRM THAT I AM LEGALLY ENTITLED TO GIVE CONSENT.

I ALSO CONFIRM THATIS NOT UNDER A COURT ORDER
(*INSERT NAME OF CHILD/ VENERABLE ADULT*)

SIGNATUREDATE:.....

FOR COMPLETION BY THE CHILD/VUNERABLE ADULT

I (*YOUR NAME*) I CONSENT/ DO NOT CONSENT TO THE PHOTOGRAPHING/VIDEOING AND PUBLICATION OF IMAGES OF MY INVOLVEMENT IN ESSEX COUNTY SHORT MAT BOWLS IN LINE WITH CHILD AND VULNERABLE ADULT PROTECTION GUIDELINES

SIGNATUREDATE:

PLEASE RETURN THIS FORM TO

.....

..... POSTCODE

(*THE EVENT ORGANISE*) RETURN BY HAND OR BY ADDRESS)