

CHESHIRE ARCHERY ASSOCIATION

CONSENT FOR PHOTOGRAPHY

I, [INSERT ARCHER NAME/PARENT GUARDIAN] agree to the use of photography/video recording by [INSERT PHOTOGRAPHER NAME]

I understand that this photo/video will be used only for the purposes of

[INSERT REASON]

I understand that

- the photo/video will not be released to any third party without my consent.
- I may ask for the data to be erased or deleted
- I can ask for a copy of the photo/video
- The material will only be used for the purposes stated above.

Signature

Date

(Name of child if appropriate)