



**CP Sport**

**Photographic / Film Consent Form**

**Name of participant..... or**

**(Parent or guardian).....**

**Date of Birth of participant.....**

**Address (inc postcode).....**

.....

**Contact Telephone Number.....**

**E-mail Address.....**

CP Sport would like to \*take your photograph / \*make a video of you for promotional and documentary purposes. These images may appear in our printed publications, on video, on our website, or all three.

To comply with Data Protection Act 1998, your permission is required before we take any photographs or recordings of you. Please answer the questions overleaf, then sign and date the form where shown. (Please circle answer overleaf)

1. I agree the use of my image in your own printed publications produced by CP Sport for promotional and documentary purposes?

Yes No

2. I agree the use of my image on your web-site?

Yes No

3. I agree the recording of my image on our promotional videos?

Yes No

4. I agree the use of my image in printed publications produced by others for promotional and documentary purposes?

Yes No

Signature.....

Date.....

**In accordance with the Data Protection Act 1989, the information you give us will be held on our database for the purpose of supplying you with information. Please tick if you agree ( )**