**Child Safe Standards IMAGE USE CONSENT FORM PHOTOGRAPHIC/VIDEO CONSENT FORM**

**Eastside Calisthenics Calisthenics College wishes to record photographic and/or video images (delete one if required) of your child for the purposes of: [Insert purposes here e.g. coaching, promotional material, broadcast, print or electronic media]**

**a) ……………………................................... b) …………………………………………………….. c) …………………………………………………….. d) ……………………………………………………..**

**Eastside, its principals, agent, parents or volunteers will: a) not use the photographs/videos for any other purpose than that stated above; b) not use them in any manner that is in breach of the law or the Safe Sport Framework; c) not record any personal or identifying information about the persons in the photographs/videos together with such photographs or videos; d) retain possession of the originals in a secure location and not publish or distribute any part or all of them without your consent; and e) ensure that any such personal or identifying information collected will remain confidential at all times. If you have any concerns about the taking or use of the photographs/videos please contact:**

**Name: ……………………………………………………………..**

**Contact Phone: …………………………………………………**

**Email Address: ……………………………………………………………………………………………………………………… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CONSENT**

**Name of the individual to be photographed or videoed:…………………………………………………… Date of Birth: …………………………………….. Contact Phone: ………………………………….**

**Address:……………………………………………………………………………………………………………………………….…Name of Parent/Guardian: (Required if individual is under 18yrs) ……………………………….……………**

**Please tick one box: I give / do not give (cross out not applicable) Eastside Calisthenics College permission to use images/videos [delete one if required] taken of my child/ren solely for the purposes stated above and subject to the conditions set out in this form.**

 **Signature ………………………………………………………………….**