## **NSW Community Rugby Leagues Association**

## **Photography Consent Form**

## PART A - TO BE COMPLETED BY CLUB

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_

1. CLUB REPRESENTATIVE Name: 2. HOW ARE THE IMAGES GOING TO BE USED? □ Promotional activities ☐ Newsletters Publications □ Website ☐ Social Media Platforms □ Analysis and Performance Review □ Other 3. HOW LONG WILL THE IMAGES BE USED FOR? ☐ Less than 12 months ☐ More than 12 months 4. WHERE WILL THE IMAGES BE TAKEN? ☐ Club's usual venues (e.g. Council Fields) ☐ Away from usual venues (detail below) PART B – TO BE COMPLETED BY THIRD PARTY PHOTOGRAPHER (IF RELEVANT) 5. DETAILS Name: \_\_\_ Phone: \_\_\_\_\_ Date of photography: \_\_/\_\_/\_\_ 6. PURPOSE OF TAKING IMAGES 7. SIGNATURE Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_ PART C – TO BE COMPLETED BY PLAYER (below 18 years of age) 8. DETAILS \_\_\_\_\_Team (Grade): \_\_\_\_\_ Name: I understand the terms set out in this document. Please tick one box: ☐ I give (insert name of Club)\_\_\_\_\_\_ permission to use images of me as set out in Parts A and B ☐ I do not give (insert name of Club) \_\_\_\_\_\_ permission to use images of me as set out in Parts A and B 9. YOUR SIGNATURE Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_ PART D - TO BE COMPLETED BY PARENT / GUARDIAN 10. DETAILS Name: Please tick one box: ☐ I give (insert name of Club)\_\_\_\_\_\_ permission to use images of my child as set out in Parts A and B ☐ I do not give (insert name of Club)\_\_\_\_\_\_ permission to use images of my child as set out in Parts A and B 11. YOUR SIGNATURE