

RHYC Junior Training Week Photo Consent Form



Name of Child		Date of Birth	
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Parent Name:		Email Address	
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Address		Postcode	
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	Photography
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	Please tick here if you are happy for photographs to be taken. There may be opportunities for photography during the activities of the course either informally or by an official photographer.
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Video may be used for coaching and will be destroyed immediately afterwards. (If you have an issue, please speak to the Senior Instructor	<input type="checkbox"/>
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Signed (parent or guardian)	Date
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I have received and read the details of the programme of water sports activities in which my child has the opportunity to participate and I accept the requirements in the Information for Parents.

My child is in good health and I consent to him/her taking part in these activities. I acknowledge that the staff will be liable in the event of any accident only if they have failed to take reasonable care of my child during the activity. I fully understand that, although every effort will be made to ensure the safety of each child, accidents do sometimes happen which are beyond the reasonable control of the organisers and for which they cannot be held responsible.

This information will be held for the calendar year which is represents