

CONSENT FORM – USE OF IMAGERY

In accordance with Squash NZ's Media Policy (Photographing, Filming and use of Images of Children and Young People).

Squash NZ does not permit photographs, video or other images of children and young people under the age of 18 to be taken without the consent of the child or young person's parent or caregiver.

Squash NZ uses photographs and video recordings to celebrate the success of our members and for

promotion and marketing purposes. The identification of the child or young person will not be disclosed unless the photograph is used to celebrate individual success. We will always take great care to only show photographs and video recordings that are child- safe and appropriate.

Any advancement in technology leading to new ways in which images may be captured or shared after the date of signing will require a separate consent form to be completed.

CONSENT FORM – USE OF IMAGERY

To be completed by parent, caregiver or whānau and relates to:

.....
Name of child or young person:

I give permission for images be used within Squash NZ for display purposes.

I give permission for images to be used within printed publications.

I give permission for the above-named's photograph to be used on Squash NZ social media pages.

I give permission for the above-named to be recorded/ filmed for use on Squash NZ social media pages.

I give consent to photographs and images of the above-named only to be captured on devices approved in line with the Squash NZ 's Media Policy (Photographing, Filming and use of Images of Children and Young People).

I give consent for photographs and images of the above-named only to be shared by the means detailed in Squash NZ 's Media Policy (Photographing, Filming and use of Images of Children and Young People).

I give permission for the above-named's first name only to be published with any photograph. I have read or made aware of how photographs or videos will be shared and stored by Squash NZ

It is my responsibility to inform Squash NZ of any changes in the above-named's situation that may result in me denying consent for the capturing, sharing or storing of photographs or video's, or the identification of the above-named alongside such images.

Print name of parent, caregiver or whānau:
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Signature of parent, caregiver or whānau:
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Date:
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