

Photography/Video Permission Form

Event permission is requested for:

Date of Event:

Location:

Name:

Address:

Contact Telephone Number:

Email Address:

Club/School or Organisation:

Are you seeking permission to take photos, video or both? (Please tick relevant box)

Photos: Video: Both:

Do you intend on using these images/videos in a print publication? Yes: No:

If yes, please give name of publication:

Do you intent to use these images/videos on a website? Yes: No:

If yes, please enter the web address:

Please outline briefly the reason for your recordings:

Signed:

Today's Date:
