



Photographic Consent Form

I (name) _____

Please tick the correct box

Agree

Do not agree

That the use of photographs and other relevant information of the child or young person named below for whom I am the *Parent/Guardian*, can be displayed on or used in any publicity, for example newspaper articles or on the Gallica (Lancashire) S.C. website

This will as agreed be monitored for Child Protection Purposes.

Swimmers Name _____

Squad _____

SIGNED _____

* Please delete where required