

# WBSA

## Photography & Filming Consent Form

### Child/Adult

In accordance with our child protection policy, we will not permit photographs, video or other images of young people to be taken without consent. If the child is under 16, consent must be obtained from a parent / carer.

(If the child is over 16, WBSA will inform parents that photographs and/or videos of their child may be used if the child has given consent.)

WBSA will take all steps to ensure these images are used solely for the purposes for which they are intended. If you become aware that these images are being used inappropriately, please inform us immediately – (safeguarding@welshSnooker.com)

<b>Name of child</b>		<b>Age</b>	
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Declaration of Consent – Child aged 16 or over			
Please tick each box (or strike out what you do not consent to), then sign this form.			
<input type="checkbox"/>	I give permission for my photograph to be used within the WBSA for display purposes.		
<input type="checkbox"/>	I give permission for my photograph to be used within other printed publications.		
<input type="checkbox"/>	I give permission for my photograph to be used on the WBSA website.		
<input type="checkbox"/>	I give permission for my photograph to be used on the WBSA social media pages.		
<input type="checkbox"/>	I give permission for video of me to be used on the WBSA website.		
<input type="checkbox"/>	I give permission for video of me to be used on the WBSA social media pages.		
<input type="checkbox"/>	I give permission for video of me to be used for WBSA training or analysis purposes.		
<b>Signature</b> *		<b>Today's date</b>	

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<b>Print name</b>	
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<b>Declaration of Consent – Parent/Carer of child under 16</b>
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Please tick each box (or strike out what you do not consent to), then sign this form.	
<input type="checkbox"/>	I give permission for my child's photograph to be used within the WBSA for display purposes.
<input type="checkbox"/>	I give permission for my child's photograph to be used within other printed publications.
<input type="checkbox"/>	I give permission for my child's photograph to be used on the WBSA website.
<input type="checkbox"/>	I give permission for my child's photograph to be used on the WBSA social media pages.
<input type="checkbox"/>	I give permission for video of my child to be used on the WBSA website.
<input type="checkbox"/>	I give permission for video of my child to be used on the WBSA social media pages.
<input type="checkbox"/>	I give permission for video of my child to be used for WBSA training or analysis purposes.
<input type="checkbox"/>	I confirm that I have read, or been made aware of, how these images or videos will be stored within the WBSA

<b>Signature</b> *		<b>Today's date</b>	
<b>Print name</b>			

<b>Name of Adult</b>		<b>Age</b>	
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<b>Declaration of Consent – Adult (over 18)</b>
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Please tick each box (or strike out what you do not consent to), then sign this form.	
<input type="checkbox"/>	I give permission for my photograph to be used within the WBSA for display purposes.
<input type="checkbox"/>	I give permission for my photograph to be used within other printed publications.

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*chwaraeon cymru*



<input type="checkbox"/>	I give permission for my photograph to be used on the WBSA website.		
<input type="checkbox"/>	I give permission for my photograph to be used on the WBSA social media pages.		
<input type="checkbox"/>	I give permission for video to be used on the WBSA website.		
<input type="checkbox"/>	I give permission for video to be used on the WBSA social media pages.		
<input type="checkbox"/>	I give permission for video to be used for WBSA training or analysis purposes.		
<input type="checkbox"/>	I confirm that I have read, or been made aware of, how these images or videos will be stored within the WBSA.		
<b>Signature</b>	*	<b>Today's date</b>	
<b>Print name</b>			

**Declaration of consent – Adult Carer (If Applicable)**

Please tick each box (or strike out what you do not consent to), then sign this form.

<input type="checkbox"/>	I give permission for the person in my care to have their photograph be used within the WBSA for display purposes.
<input type="checkbox"/>	I give permission for the person in my care to have their photograph be used within other printed publications.
<input type="checkbox"/>	I give permission for the person in my care to have their photograph be used on the WBSA website.
<input type="checkbox"/>	I give permission for the person in my care to have their photograph be used on the WBSA social media pages.
<input type="checkbox"/>	I give permission for the person in my care to have their video be used on the WBSA website.
<input type="checkbox"/>	I give permission for the person in my care to have their video used on the WBSA social media pages.
<input type="checkbox"/>	I give permission for the person in my care to have their video be used for WBSA training or analysis purposes.

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<input type="checkbox"/> I confirm that I have read, or been made aware of, how these images or videos will be stored within the WBSA.			
<b>Signature</b>	*	<b>Today's date</b>	
<b>Print name</b>			



Andy Rogers  
WBSA Chairman



Anthony Krysa  
WBSA Safeguarding Officer

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