



**Berkshire County Ladies Golf Association**

**Consent for Photography and Video**

*BCLGA/BGG Child Protection Policy & Procedures: v4.1 Appendix January 2018*  
**PLEASE PRINT CLEARLY**

## Permission for the use of Photographs and Recorded Images

**This form is to be signed by the legal guardian of the girl under the age of 18, together with the girl.**

Berkshire County Ladies Golf Association (BCLGA) recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent. The county will follow the guidance for the use of images of children as detailed within our Child Protection Policy and Procedures (See website [www.bclga.co.uk](http://www.bclga.co.uk), click "Juniors" and "Keeping Children Safe").

The county will take steps to ensure these images are used solely for the purpose for which they are intended i.e. the promotion and celebration of the activities of BCLGA. Please note that from time to time video may be used as a coaching aid. However, this will be advertised in advance and will not be undertaken without this written consent. **IF YOU BECOME AWARE THAT THESE IMAGES ARE BEING USED INAPPROPRIATELY YOU SHOULD INFORM THE COUNTY WELFARE OFFICER IMMEDIATELY** ([cwo@bclga.co.uk](mailto:cwo@bclga.co.uk)). The photographs may be available on the website [www.bclga.co.uk](http://www.bclga.co.uk). If at any time the parent/ guardian or the girl wishes the data to be removed from the website, 7 days' notice must be given to the County Junior Organiser ([juniororganiser@bclga.co.uk](mailto:juniororganiser@bclga.co.uk)) after which the data will be removed.

### To be completed by parent/guardian

I \_\_\_\_\_ consent to BCLGA photographing or videoing \_\_\_\_\_ under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and am entitled to give this consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*

### To be completed by the Applicant

I \_\_\_\_\_ consent to BCLGA photographing or videoing my involvement in golf under the stated conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_