Dear Participant / Parent / Guardian,

**Thank you for helping us.**

At Cerebral Palsy Sport we produce a variety of different materials which we use to inform people, charitable trusts and other relevant organisations about the work that we do. Occasionally these materials will include photographic images or videos of participants, the surrounding areas and on occasion parents and guardians. We use these materials to enhance our promotions and to illustrate the variety of work we achieve.

We also use images from our events on our website, through our social media channels, such as Facebook and Twitter (these will only ever be used by the official Cerebral Palsy Sport accounts), and in leaflets and other promotional materials which may include our printed publications; adverts; audio visual and electronic materials; media work; display materials; social media and any other media we may use in the future.

From time to time we may also allow use of photographic images and videos by third parties. These third parties will only be those with an official association with Cerebral Palsy Sport, such as a corporate partner or funder.

Please complete the form below, selecting carefully how you give your consent, to enable us to use these images and any personal information you supply alongside the images (such as a name, age and disability) to actively promote the work of Cerebral Palsy Sport.

The images will not be used for any other purpose.

**Your details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of participant** |  | **Surname** |  |
| **Name of Parent/ Guardian (under 18yrs old only)** |  | **Surname** |  |
| **Address** |  |
|  |
|  | **Postcode** |  |
| **Telephone** |  |
| **Email** |  |

|  |  |
| --- | --- |
| I consent to the use of photographic images or video footage for use by Cerebral Palsy Sport only | Yes / No |
| I consent to the use of photographic images or video footage for use by third parties officially associated with Cerebral Palsy Sport | Yes / No |

|  |
| --- |
| **Please state here if there are any ways in which you do NOT want us to use photo(s) of you:**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed**or type if emailed |  | **Date** |  |

**Data protection statement**

Other than as specified above, the information that you give us here will only be used to contact you about these photo(s). We will not pass the details recorded on this form on to any other organisation without your permission.

|  |
| --- |
| **For internal use only:** |
| Name of event |  |
| Location of event |  | Date |   |
| Image reference(s) |  |
| Contact name |  | Contact phone number |  |

 **Please return completed forms to**

Marketing Officer, Cerebral Palsy Sport, Unit 5, Heathcoat Building, Nottingham Science and Technology Park, University Boulevard, Nottingham, NG7 2QJ,

**IMPORTANT NOTICE:**

**Spectators (including parents, relatives and coaches)** - spectatorswishing to use photographic / film / video equipment with a telescopic or zoom lens should register their intent with the promoter of the event by completing a self-declaration form