



Form

Permission to Photograph and Record

This permission is for:

(Print Name): _____

- I am the person named above and am over 18 years old.
- I am the parent / guardian of the person named above.

(Print Name): _____

Capture of Photographs, Video and Audio Recordings

I give permission for photographs, video and audio recordings to be taken of the above named person on SCRDA properties or activities.

Publishing of Photographs, Video and Audio Recordings

I give permission for photographs, video and audio recordings to be used in the following media:

- Ongoing client assessment and record but NOT for publishing without separate permission.
- Newsletters
- Website
- Social Media
- Press Releases
- Other as approved by the Management Committee.

This permission is valid for:

- Until revoked. (Revocation is to be by written notification to SCRDA.)
- For the following purpose only:

Purpose: _____

I give permission for the capture and publication of photographs, video and audio recordings with the limitations above.

Signature:

Date:

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