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: __________

**CONTROlLED DOCUMENT**

| Doc Id: Permission to Photograph & Record From |
| Doc Owner: Secretary |
| Review: November 2018 |
| Authorised by: Management Committee |
| Issue Date: November 2017 |
| Version No.: 00.01 |