

I give my permission to the Signalong Group for the attached image/ video to appear in print, optical disc and/or online, and for the material to be reproduced, exhibited, transmitted or broadcast without time limit by any means and media (whether now known or invented in the future) without liability or acknowledgement to me.

(Please delete as appropriate)

I understand that my name / my child's name will not be published (unless I specifically grant permission below) but that complete anonymity cannot be guaranteed.

- I grant permission for my / my child's **first name** to be used.
- I grant permission for my / my child's **full name** to be used.

If the person appearing in the photograph is over 18 years old:

Your Name: _____

Signature: _____ Date:...../...../.....

Address: _____

_____ Postcode: _____

If the person appearing in the photograph is UNDER 18 years old:

Name of child: _____ Date of Birth:/...../.....

Name of parent/guardian: _____

Signature of parent/guardian: _____ Date:/...../.....

Address: _____

_____ Postcode: _____