Northbrook Kyu Shin Kai Judo Club Photographic Consent form

Subject/ venue or site:	Date:
Name of Photographer:	What photo will be used for:

I agree that photographic/video/digital recordings maybe taken of the individuals listed below. I acknowledge that copyright of such photographic/video/digital recordings belongs to the photographer and to Northbrook Kyu Shin Kai. I acknowledge that Northbrook Kyu Shin Kai may use the photographs/video/digital recordings in any publication or promotions including electronic media. I am the person named below and agree these points. If the subject is under 16 years old I confirm that I am the parent/guardian holding the power of attorney. **NB A signature must be sought for those under 16**

NAME	ADDRESS	TELEPHONE	AGE	SIGNATURE