



REQUEST PERMISSION TO PHOTOGRAPH / VIDEO FOOTAGE

This form must be completed by any individual wishing to take photographs/video footage at the F.D.N.A venue. Permission to take photographs/video footage is only granted for the date specified.

Name: _____ **Phone:** _____
Address: _____ **P/Code:** _____
Email: _____
Date and time of Photography/Filming: _____
Match: _____ **Vs** _____
How will the images be used: _____

Authorisation for filming/photography at the F.D.N.A on the date specified above is provided under the following conditions:

- Photographs/Video footage is for **personal use only** and will not be used in a manner deemed adverse or defamatory to the subject(s) **nor used for any commercial gain.**
- No photography/video footage will be taken of any team/individual that have/has not provided consent.
- Accept the right to privacy of every person.
- Images taken are relevant to the sport or activity.
- Images and sound will not be manipulated in an inappropriate manner.
- Exercise particular care for the welfare of children in photography/filming involving them

I have read the above conditions and agree to comply.

Signed: _____ **Date:** ____/____/____

Form continues over page

PERMISSION FROM OPPOSING TEAM

Opposing Team Representative:

Permission is on behalf of all children's parents and guardians.

Permission given by opposing team:

YES

YES with limitations (listed below)

NO

Reason if refused: _____

Permission given with limitations: Please list below. eg. Copy of footage to be provided

Name: _____ Position: _____

Signed: _____ Date: _____

PERMISSION FROM FDNA OFFICIAL

FDNA Official:

Confirm with requesting individual:

YES

NO

Name: _____ Position: _____

Signed: _____ Date: _____