PHOTO PERMISSION FORM – Frensham Lawn Tennis Club

Child’s Name:

Child’s Age

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be involved in any publicity, including photographs, video and TV footage, or surrounding activities organised by the Frensham Lawn tennis Club.

This decision remains valid for the duration of my child’s involvement with the Club, unless I notify them in writing.

Signed

Relationship to child

Date