



Media Indemnity SUDS

Athlete's name:

SUDS recognises the need to ensure the welfare and safety of all athletes taking part in any activity associated with our organisation.

In accordance with our child protection policy we will not permit photographs, video or other images of athletes to be taken without the consent of the parents/carers and athletes.

It is likely that these images may be used as:

- a record of the activity or the event
- in a written evaluation report of the event
- publicity material for further activities or events on leaflets/websites/magazines
- illustrations of the events in published articles
- future grant applications

I the undersigned, parent/guardian/athlete/trustee/team manager do hereby consent and agree that the above named participant/official is allowed to be photographed/filmed by donors, sponsors, journalists, organisers and supporters during activities and events organized or promoted by SUDS.

I agree that the above visual material may be used for training and/or publicity and/or in reports / publications of donor and sponsor organisations. These images/films may also appear on the SUDS/Tsenya website/ social media platforms.

The above photographing/filming will **not** be for commercial gain. The dignity and rights of the above named participant/official will be maintained during photographing/filming. SUDS will take every possible step to ensure that these images/videos are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform SUDS immediately at ceo@su-ds.org.

SPORTS UNION FOR ATHLETES WITH DOWN SYNDROME

11 High Beech
Coventry CV5 7QD
U.K.

www.su-ds.org
#DownSyndrome Sport



Important – websites can be viewed worldwide, not just locally. The conditions for using these images are as stated above. This document is in Compliance with the new European General Data Protection Regulations (GDPR).

I have read and understood the conditions of use and give my permission for photographs & video clips to be taken of the abovementioned participant/official.

Signed: _____ Date: _____

Address (Team Manager/Parent/Guardian): _____

Email: (Team Manager/Parent/Guardian): _____

Signed: Team Manager/ Parent / Guardian _____

Full Name: _____

Signed Witness: _____

Full Name: _____

THIS FORM SHOULD BE RETURNED TO SUDS AT THE ADDRESS BELOW.

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