



Photograph/Videotaping Permission Form

Please return this form to: GESA (Gareth Edds Soccer Academy)
Must be returned to GESA Personnel by hand .

Name_____

Address_____

Phone_____

I (print)_____ authorise GESA to use any

photograph/videotaping taken of _____ for all publicity purposed
including:-

- publications, promotional flyers, news articles, websites, newsletters and magazines.
- Including my image
- Including an image that I have personally photographed
- Including the image of my child -(please supply names and ages)

child 1_____ DOB_____

child 2_____ DOB_____

child 3_____ DOB_____

NAME (print)_____

**Must hold Parental Responsibility of named child/children, and by signing will be
confirming this.**

Relation to child_____

SIGNED: _____

DATE: _____

Recieved by GESA personel

DATE_____

Name_____ Signed_____