



**SPRING INTO REGIONALS LC OPEN MEET
21st & 22nd March 2026**

Your Consent – Photo/ filming Permission Form

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| Description of photograph/ film and primary purpose: | |
| Photo/ film Location: | |
| Date of Activity: | |
| Name of the Person in the photograph/ film: | |
| Age of person being filmed: | |
| Name of Parent/ Guardian of the person being photographed/ filmed: | |
| Contact phone number: | |
| Name of person completing the photographing/ filming: | |
| Email address: | |
| Race number and heat number: | |
| Name & Signed by person completing form | |
| Name & Signed by Referee | |
| Date: | |

All filming must be inspected by **the referee**