Video Permission Form

Dear Participant

In accordance with our photography policy, ... is committed to your safety and privacy. We understand the importance of ensuring that videos of you are only taken and used with your explicit consent.

This video is being recorded as the final assessment for my ..... (Insert qualification details here) final assessment. We would like to obtain your consent to record this video of you for both assessment purposes and possible use in both internal and external training related to Parkour UK.

It can be used in its original form or may be edited as needed.

Participant's Full Name (First Name and Surname): .....

Date Of Birth (DD/MM/YY): .....

(If under 18 years of age)

Contact Number: .....

Email Address: .....

Address inc. postcode:

.....

.....

I hereby grant permission for .....to video me.

I acknowledge that this video may be used for educational purposes. By signing this form, I confirm that Parkour UK owns the copyright of these images and videos and understand that no financial compensation will be provided for their use.

Parkour UK commits to taking all necessary steps to ensure that these images and videos are used exclusively for the purposes stated. Should I become aware of any use of these images or videos that I believe is inappropriate, I will inform Parkour UK immediately.

I consent to the use of the video as described above.

Signature (or signature of parent/carer if participant is under 18 years old: .....

Date: .....