

Bray Chess Academy: Permission to take Photograph

Consent

I/We the parent(s)/guardian(s) of _____ hereby give permission and consent that photographs may be taken for promotional and record purposes during activities which may include my/our child as a member of Bray Chess Academy:

Signature of Parent(s)/Guardian(s)

Signature(s) _____

Date _____

The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except adult members of Bray Chess academy or medical personnel, and only when necessary, without prior permission.