

Cardiff Chameleons Swimming Club – Release & Consent Form

I, hereby give my permission for

to attend any event with or for the Club if he / she so wishes.

MEDICAL CONSENT

I also consent to the above named receiving medical attention if it arises whilst in the care of the Club at an event as stated overleaf and for medical details to be given.

PHOTOGRAPHIC / VIDEO CONSENT

I give / do not give* permission for the above-named to be photographed / videoed at an event or for a Club event or for publicity purposes.

Name_____ Signed_____

Parent/Guardian/Carer*

Date____/____/____

*delete as appropriate