

Photography Request Form

To be completed by persons seeking to take photographs or videos during any Goldcoast Gymnastics Club sanctioned event, or by an immediate family member of an athlete using a video or camera with a telephoto lens.

Name:			
Position?			
Club: (if applicable)			
Are you a current Technical Member with Gymnastics Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you a registered Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, ABN No. <input type="text"/>
Do you have a Suitability Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Member No. <input type="text"/>
Address			
Ph:	<input type="text"/>	Fax:	<input type="text"/>
Mobile:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Event:			
Date of Event:			
Event Address:			
Sessions wanting to attend:			
Details of Photographs to be taken:			
Club Name	Gymnasts Name	Level	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

I certify that any photographs taken during the event will be in accordance with Goldcoast Gymnastics Club competition rules and policies, and that any violations of the rules or policies are cause for the Event organiser to immediately revoke the privilege and take possession of any photographs or videos already taken. I understand and agree that any photographing and/or videotaping made at the Event will be used for educational/training purposes only. I also understand and agree that photographs and/or videotapes cannot be duplicated. I agree to check with the Goldcoast Gymnastics Club for parental permissions and abide by the wishes of parents so that if they do not want their child to be photographed and/or videotaped, I will not do so.

Signature _____

Date _____

Approved _____

Date _____