



**Photograph & Video Release Form
Swim Clinic – 5 & 6 June 2021**

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- On-line educational courses
- Educational videos
- Promotional materials including brochures, banners and website content

By signing this release I understand this permission signifies that photographs or video recordings of me may be electronically displayed via the Internet or in the public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of this swim clinic only.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Gold Class Swimming or any person on behalf of Gold Class Swimming utilising this material for the purposes outlined above.

Swimmer's Full Name: _____

Swimmer's Signature: _____ Date: _____

If this release is obtained from a swimmer aged under 18 years of age, the signature of that swimmer's parents or legal guardian is also required.

Parent / Guardian's Name/s: _____

Parent / Guardian's Signature: _____ Date: _____

Phone: _____ Email: _____

Once you have booked in through TryBooking and your booking has been accepted please complete, scan or take a photo and email a copy of this form to SwimClinic@GoldClassSwimming.com.

GOLD CLASS SWIMMING PTY LTD

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