# Media Consent Form

## Player Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| BTM number |  |

I ………………………………………………………………. (player name/ parent name if under 18**\***) give permission / do not give permission \* to be involved in publicity, including photographs, recording, filming for TV, video and LTA / Tennis Foundation material. I understand that all images, film and sound recording produced are in accordance with the Recording and Publishing Images section of the Safeguarding Children and Young People Policy.

Signature……………………………. Date…………………………………..…

Name………………………………… Competition………………………..…...

Team name………………………….

(**\*** delete not applicable)

## Safeguarding Team Contact Details

**T:** 020 8487 7179 **M:** 07971 141 024 (24 Hours) **E:** safeguarding@LTA.org.uk

You may find it useful to refresh your knowledge of the Safeguarding Children and Young People Policy and Safeguarding Adults Policy (as required) and guidance before the event. This can be found at [www.lta.org.uk/safeguarding](http://www.lta.org.uk/safeguarding).