



Event Registration Form – Day Pass

THIS FORM SHOULD BE COMPLETED BY ANYONE WISHING TO TAKE **PHOTOGRAPHS OR RECORDING IMAGES** AT A PARTICULAR ATHLETIC EVENT

Name:

Address:

Post Code:

Mobile Phone Number:

Event Name:

Event Date:

I wish to take photographs or record images during the course of the above event. I agree to abide by the guidelines laid down by Walton AC and UK Athletics and confirm that the photographs or recorded images will only be used in an appropriate manner:

Please describe below how photographs or recorded images will be used and where (if anywhere) they will be published:

I acknowledge that if it is deemed that any photographs or recorded images are used inappropriately, this may result in me being unable to use photographic equipment at athletic events in the future.

Signed:

Date: