

**CORBY ATHLETIC CLUB**  
**PHOTOGRAPHY / VIDEO REGISTER**

Date:		Meeting:		Venue:	
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This register must be filled in and signed by any individual who wishes to partake in the act of Photography or Video recording at the above meeting. By signing the register you agree that all information given is valid and that the images will only be used for the purposes given.

Name	Address	Club / Organisation	Reason e.g. Press / Family / Coaching	Signature