



General Video/Picture Release Form

Kayleigh Skinner
Name of Photographer/Recorder

Coleg y Cymoedd
Address

I hereby consent to and authorize the use and reproduction by you and anyone authorized by you in his project / production, of any and all photographs or other types of images, voice recordings and/or video that you have this day taken of me or recorded, for any purpose, including, without limit the use in line with promotions and activities associated with Coleg Y Cymoedd Creative department.

I am 16 years of age or older.*

Date: 7/6/2019

Location: Coleg y Cymoedd

Name: (print) NATHAN BELGROVE

Signature: [Signature]

Contact: 0731094665

Address: 86 Baglan Street, Treherbert, CF42 5AR, RCT

*(If a minor, the following should also be signed by the parent or guardian.)

Date: _____

I am the parent or guardian of the minor named above, and I hereby grant consent on behalf of the minor and myself.

Name: (print) _____

Signature: _____

Relationship: _____

Contact: _____

Address: _____