

# PROFESSIONAL MEDIA REGISTRATION FORM

I, \_\_\_\_\_ agree to liaise with **BANNA CHLUAIN MEALA**'s designated G.D.P.R. Person prior to the publication of any material (images, videos, recordings, or otherwise) pertaining to **BANNA CHLUAIN MEALA** so as to assure that it's content and use is in line with **BANNA CHLUAIN MEALA**'s Child Protection Policies and Procedures, as well as G.D.P.R. Guidelines, and any other guidelines set out by **BANNA CHLUAIN MEALA**. I agree that **BANNA CHLUAIN MEALA** have the right to refuse the use of any material as specified above, and any request made by **BANNA CHLUAIN MEALA** for the destruction of such material must be complied with.

SIGNATURE OF MEDIA PROFESSIONAL:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED ON BEHALF OF B.C.M.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_