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Filming Consent Form

Full Name: _____

Date of Birth: _____

Phone (Cell/Mobile): _____

Email: _____

Please tick the relevant boxes:

___ I give permission to be videoed for use on Revolution Combat Club website.

___ I give permission to be videoed for use on the Revolution Combat Club social media pages.

___ I can confirm that I have read or been made aware of how these videos will be stored within the organization.

Signature (participant): _____

If required:

Signature (parent/ legal guardian): _____

