

Film and photography consent form

Thanks for coming to our project.

We are recording our event and may use some of this material to promote our work. If you are happy to be included in this activity please complete the form below.

Name

Address

Date of birth

1. You grant permission to the (insert your organisation's name and address here) to use and disclose your:
 - (a) image, physical likeness and name (**images**); and
 - (b) voice and sound (**sounds**),without restriction in any media or format. You will let (insert your organisation's name here) know if you wish to withdraw this permission.
2. Your permission includes the (insert your organisation's name here) using your images or sounds for any publicity or advertising in connection with its work, and disclosing your images or sounds to other organisations (such as media and advertising agencies) for any purpose.
3. You have volunteered your images and sounds and agree that you will not receive or request any payment, royalty or other form of consideration for your images, sounds or participation in any project of the (your organisation's name here).

←

Signature

Date

If the individual is under 16 years of age their parent, legal guardian or authorised legal representative must sign below:

4. I confirm that I am the parent, legal guardian or authorised legal representative of this individual and warrant that I have lawful authority to sign this consent form for and on their behalf.
5. I have read, and understand, the terms and conditions and consent to the individual providing their Images and Sounds on these terms and conditions.

Signature

Date