Photography/filming consent form (Data Protection Act 1998)

Your Name	
Name of parent/guard	dian
(if applicable)	
Your Address	
Contact tel. no.	
Location of Photogra	phy
Date of photography	
Name of organisation requesting consent	1
We would like to take photos/film and/or comments of you/your child (as applicable) as a record of the day and for promotional purposes.	
These images may appear on our website and email newsletters, in our printed materials produced for promotional purposes including leaflets, posters and adverts, in materials sent out to the media, or in reports to funding bodies.	
We will not include personal e-mail or postal addresses, or telephone or fax numbers on our website or in printed publications. Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.	
To comply with the Data Protection Act 1998 , we need your permission before we take any photographs/film of you/your child.	
Please answer the questions below, then sign and date the form as indicated.	
Conditions of use	
- This form is valid for five years.	
 We will not use the photographs/film for any other purposes than those mentioned above. We will not include personal details (such as postal addresses, or telephone number) on our website, printed 	
materials or other marketing/promotional materials Copyright of photographs taken will remain with the organisation named above	
Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.	
g, approvi	
Do you give us permission? (Please tick as appropriate) YES NO	
*Your signature	
*Your name:	
*Today's date:	

• I am over 18 years old. If you are under 18 form needs to be completed by a parent or guardian