Photography, Film/VIDEO and Recording Consent Form

SECTION A: About you

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| --- |
| Full name:       |
| Address:       |
| Phone:       | Email:       |

**SECTION B: About the project/media**

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| Description of project:       |
| Location:       | Date:       |

SECTION C: Your consent

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| I give consent for The Box to publish, republish or otherwise transmit still and moving images and audio of myself, for the purposes of:* Publicity materials, including printed publications
* Presentation and exhibition materials
* Websites, social media channels and digital communications
* News media and their associated websites and social media channels, including print, television and radio

I understand that still and moving images and audio will be stored electronically in accordance with Data Protection laws. I have the right to withdraw this consent at any time by calling 01752 304774 or by writing to The Box, Marketing Team, C/O 37 Tavistock Place, Plymouth PL4 8AX. |

SECTION D: Your signature

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| I am the person identified in SECTION A and in the photographs, filming and/or recording. I understand the above request and give informed consent. |
| [ ]  Please tick this box if you would like to receive an electronic copy of this consent form |
| Signature:  | Date:       |

SECTION E: Parent/guardian/carer’s signature

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| I am the parent or legal guardian of the person identified in Section A and in the photographs, filming and/or recording. I understand the above request and give informed consent |
| Phone:       | Email:       |
| Full name:       | Relationship:       |
| Signature:       | Date:       |