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**

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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: |