

Photography consent form for children and young people under the age of 18

Name of parent or guardian	
Name of child	
Address of parent or guardian	
PLEASE NOTE: <i>The image will no longer be used once the child has turned 18 and is a consenting adult. To help us monitor this, please provide the child's date of birth below.</i>	
D.O.B of child	

We would like to use your child's image for promotional purposes, and we require your consent to do so.

These images may appear in our promotional publications and presentations, within our digital channels, and within our promotional videos. Please be aware once a publication is printed it may remain in use for a number of years. These images may be used at any time, normally within a **five year** period from the date of consent. *Please note our website and digital channels may be seen throughout the world, and not just in the United Kingdom, where UK law applies.*

Please answer the questions then sign and date the form where shown.

May we use the image in our publications, presentations & promotional videos?

May we use the image within our digital channels, including social media?

May we use the first name alongside their image?

Conditions of use

I understand that details I provide and any photographs or film will be processed in accordance with the Data Protection Act 1998, the General Data Protection Regulation and any future legislation. I understand that the material produced may be used more than once, without restriction and without compensation to me. The Association will not include personal email or postal addresses or telephone numbers in our promotional publications and presentations, or within our digital channels and promotional videos. You can withdraw consent of the use of your image at any time. For details on how we use your information, please see our privacy policy which can be found on the home page of our website.

I have read and understood the conditions of use

Signature (on behalf of named child above) (if completing digitally please type your name)	Name (in capitals)	Date

For office use only:

URN:	Completed by:
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