## Consent Form

***(Insert organisation name and logo)***

\*\*It is the responsibility of volunteers to remove themselves if they do not wish to appear in photographs, videos or audio recordings.\*\*

(***Insert organisation name***) reproduces photographic or video images of individuals and groups in its publications, promotional material and on its website. These images are used to promote (***insert organisation name***) or feature its activities.

To be completed by volunteers who are participating in any (***insert organisation name***) event involving photographic, video or audio recording.

**Volunteer details**

|  |  |
| --- | --- |
| Full name of volunteer |  |
| Date of birth |  |
| Home address |  |
| Telephone |  |
| Email |  |
| Full name of parent or guardian of volunteer under 18 yrs of age |  |

**Photographic/video/audio/communication release**

I authorise *(****insert organisation name****)* to take and use any photographs, videos or sound recordings of me and any other reproductions of my likeness (the material) either in full or in part, in conjunction with any wordings or drawings, in any publication, production or presentation.

I acknowledge that I have no rights in or to the material, nor in any publication, production or presentation that includes the material.

Signature of volunteer.................................................................Date...........................

Signature of parent or guardian for volunteers under the age of 18 years.

....................................................................................................Date...........................