

Photography consent

Hospice Hope would like to take your photograph or footage of you for promotional purposes. These images may be sent out to the media with a press release, used for our publications, circulated on social media or used on our website.

You may withdraw your consent at any time by contacting our administrator on 07935 800 658 or info@hospicehope.org.uk, or writing to Hospice Hope, 23 Ashby Road, Ravenstone, Leicestershire LE67 2AA.

Your details

Name:	
Address:	
Telephone:	Email:

Permission of parent / guardian if person is under 18 years old

<p>I agree to allow Hospice Hope to take photographs of the child(ren) in my charge and grant permission for these to be used by Hospice Hope in publications, press articles, promotional material, digital media including social media and websites.</p> <p>Name of child(ren) (please print):</p> <p>Age:</p> <p>I also agree to the child's name being published in any associated publicity if required.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Agreement of person / people in photograph / footage

I give consent from this day forward for Hospice Hope to publish, republish or otherwise transmit still and moving images and audio of myself and / or children in my care, for the purposes of:

- Publicity and advertising 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 and may be used for up to five years from the date of signing.

I have the right to withdraw this consent at any time by calling 07935 800 658, sending an email to info@hospicehope.org.uk, or writing to Hospice Hope, 23 Ashby Road, Ravenstone, Leicestershire LE67 2AA. A copy of this form can be found on our website at www.hospicehope.org.uk

Once completed this form will be kept securely at the home address of our Charity Administrator.

Your signature

I confirm that I am the person identified in the 'Your details' section.

- I am the person in the photograph(s), filming and / or footage
- I am the parent / guardian of the child(ren) in the filming and / or footage

I understand the above request and give informed consent.

Signed: _____

Date: _____