



Consent Form for Photography/Video Recordings

We would be grateful if you would fill in this form to give us permission to take photos of you/your child and use these in our printed and online publicity.

We will not include details or full names (which means first name **and** surname) of any person in an image/recording on our website, on video, or in printed publications.

We will not include personal e-mail or postal addresses, or telephone or fax numbers on images/recordings, in printed publications, on our website, or social media sites.

I give permission for The White Unicorn Project CIC to take photographs/video of myself/ my child. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications

Name of Client:	
Name of Parent/Guardian:	
Signature of Parent/Guardian:	
Date:	