



Media Permission Form

Adult person's consent

I _____ (insert first name and surname)

voluntarily agree to participate and would like to take part in

_____ (name of event) on

_____ (date of event).

(If relevant please tick the boxes below)

- I understand that photographs may be taken during the event, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by _____.
- I understand that videos may be taken during the event, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by _____.
- I understand that updates may be posted on the _____ website and/or social network sites during the event, and I give my permission for my images/videos of me (delete as appropriate) to be used.

Signed _____

Name (block letters) _____

Date _____

Data protection

This form will be held on file in accordance with the data protection. The data entered will be used only for the purpose indicated on this form. It may only be accessed by those who have responsibility for managing files or activities.