

# MEDIA CONSENT FORM

Organisation Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

---

## Photography & Filming Notice

Photographs and video footage may be taken during this event for promotional, reporting, and storytelling purposes.

By signing below, you consent to \_\_\_\_\_ using images and/or video footage of you for:

- Social media
- Website content
- Newsletters
- Reports and presentations
- Printed promotional materials

You understand that:

- The material may be published publicly
- No payment will be made for the use of this content
- You may withdraw consent in writing at any time for future use

For withdrawal requests, please contact: \_\_\_\_\_

---

## Participant Details

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

## If Participant is Under 18

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

I confirm that I am the parent or legal guardian and give consent for my child to be photographed and/or filmed.

Signature (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_