## Photography, filming, publicity and data storage consent form

Please complete this form to give consent for us to take images, moving footage, audio, comments and other personal data to then be stored and used.

This form covers consent for use of the above for internal and external communication and storage of the data within this form. All data (images, film, comments, personal info on this form), will be stored by Warwickshire County Council. The data may be shared with 3rd party organisations in order to fulfil the communication work necessary, e.g. providing images to design/ print agencies.

## Section A) About You

Full Name:	
Address:	
Telephone:	
Email:	

## Section B) About the project or campaign

Description of project / campaign:		
Location:		
Date:		



## Section C) Your consent

	nsent to Warwickshire County Council to publish, re mages, audio and my name for the purposes of:	epublish, or otherwise transmit still and			
	Publicity and promotional materials, including ad and printed publications	dvertising material			
	Presentation and exhibition materials				
	Websites, social media channels and digital communications materials, including advertising material and printed publications				
	News media and their associated websites, social print publications, television and radio	ıl media channels,			
the imag that the and there of the Co newsteal	and the Council will keep all its images in accordanges that have not been used for any publicity or marketill / moving images / audio used for publicity or mefore could potentially be reproduced, altered, or repunty Council's control. I know I have the right to wim@warwickshire.gov.uk or by calling 01926 413727 may not affect the material that has already been used.	arketing after 2 years. I also understand marketing purposes are in the public doma re-used by anyone in the world outside vithdraw consent at any time by emailing 17, but understand that withdrawing	iin		
Sectio	n D) Your signature				
	person identified in Section A and in the photograp and the above request and give informed consent.				
Signed		Date			
	n E) Signing on behalf of a pe	,	rs		
photogra	aph(s), filming and/ recording. I understand the abo on's image/ data to be used.				
Signatu	re of parent/ guardian:	Date:			
Print na	ime:				
Signatu	re of child (where age appropriate):	Date:			
Print na	ime:				