

Photo Consent Form



Location:

Date:

Name of the person completing this form.....

Role for Mothers' Union

Description of photo.....

Photo subject's / parent or guardian's details

Name of Parent /Guardian

First name of child (if you wish to disclose)

.....

Telephone number

.....Email.....

I hereby confirm that I find it acceptable for the International and Coventry Mothers' Union office to use the photo in the following (please tick the ones you give consent for):

Mothers' Union printed publications

Press release material

Mothers' Union website

Mothers Union social media platforms

Publications and/or reports external to Mothers' Union

Signature..... Please print name.....

IF IT IS NOT PRACTICAL TO COLLECT THE SIGNATURES OF THOSE PEOPLE (/THEIR PARENTS OR GUARDIANS) WHOSE IMAGE APPEARS IN THE PHOTO, THEN INSTEAD YOU (THE PERSON COMPLETING THIS FORM) CAN SIGN TO CONFIRM THAT YOU HAVE THE APPROPRIATE PERMISSION, AS LONG AS YOU ARE FULLY CONFIDENT THAT ALL ADULTS IN THE PHOTO HAVE GIVEN THEIR VERBAL CONSENT FOR THEIR IMAGE TO BE USED IN THE WAY INDICATED ABOVE. (THIS PROCEDURE CANNOT BE USED FOR PHOTOS THAT INCLUDE CHILDREN - THEIR PARENT OR GUARDIAN MUST SIGN).

Signature.....Please print name.....