**Consent Form – Photos and Videos**

By signing this form, you agree that the photos and videos of you, or the person or child under the age of 14 years you are responsible for, can be used by Provider name.

1. **Person’s details**

I, Name, give consent tothe provider above to use photos and videos as per the terms of use below.

1. **Person/child under 14 [The person above must be the legal parent or guardian]**

I give consent totheprovider above to use photos and videos of the following person/child as per the terms of use below.

Person/child

Person/child

1. **Please print, sign and return your completed form to the provider above**

I have read and understand the ‘Terms of use’ of this consent as listed below.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**Terms of use**

* Photos and videos may be used in any of our promotional materials in both print and electronic media, such as websites and social media.
* Photos and video footage may be edited or formatted for print or online media.
* You’re entitled to seek correction of your personal information if you believe it is incorrect at any time.
* You’re entitled to a copy of the information we hold about you at any time by contacting us by phone or email to arrange this.
* You have the right to request, in writing to us, to stop using your photos and videos.

Contact us on Provider contact number or Provider email.

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***Office use only***

*I, Provider staff name*, *have spoken directly with the aforementioned person in Section 1, and based on assessment, they are deemed capable of providing consent.*