PHOTO & VIDEO CONSENT FORM

We would be grateful if you would fill in this form to give us permission to take photos of you and/or your child and use these in our printed and online publicity.

I give permission to take photographs and/or video of myself and/or my child.

I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the aims of Brighton Fringe. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of adult ..............................................................................................................................
Signature of adult .........................................................................................................................
Date ...........................................................................................................................................

Name of child ..............................................................................................................................
Name of parent/guardian .............................................................................................................
Signature of parent/guardian ....................................................................................................... 
Date ...........................................................................................................................................

If you have any further questions about the use and storage of video or images, please contact marketing@brightonfringe.org or head to brightonfringe.org | Registered Charity Number: 1116367