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**[YOUR WI/ FEDERATION]**

**Photography/video consent form**

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

I give permission to take photographs and / or video of me.

I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for publicity or other purposes to help achieve [YOUR WI/FEDERATION]’s aims.

This might include (but is not limited to), the right to use them in their printed and online publicity, social media, and press releases.

Name

Signature

Date