**Thank you for agreeing to take part in photography, filming and recording for Sandwell Council.**

* If the individual featured is younger than 18, this form must be completed by a parent or legal guardian. **Please complete part E** if this is the case.
* If you are over the age of 18**, please add your contact details and then sign and date the form in part D.**

**Section A: About you**

|  |  |
| --- | --- |
| Your name: |  |
| Your address:  |  |
| Your phone number: |  |
| Your email: |  |

**Section B: About the project/media**

|  |  |
| --- | --- |
| Description of project/media |  |
| Location: |  |
| Date: |  |

**Section C: Your consent**

|  |
| --- |
| I give consent for Sandwell Council to publish, republish or otherwise transmit still and moving images and audio of myself, for the purposes of:* Council publicity, advertising and exhibition materials;
* Council and partner organisation websites, social media channels and digital communications; and
* Other news media including print, radio, television and online.

I understand images and audio will be stored electronically in accordance with Data Protection laws, including and without exception the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Act 2018, and may be used for up to five years from the date of signing.I have the right to withdraw this consent at any time by calling 07920 027723, emailing press\_office@sandwell.gov.uk or writing to Communications Unit, Sandwell Council House, Freeth Street, Oldbury, West Midlands B69 3DE. These contact details can also be found on the council’s website at www.sandwell.gov.uk/pressoffice |

**Section D: Your signature**

|  |
| --- |
| I am the person identified in Section A and in the photograph(s), filming and/or recording.I understand the above request and give informed consent. |
| Signature:  | Date: |

**Section E: People under 18 years old**

|  |
| --- |
| I am the parent/legal guardian of the person identified in section A and in the photographs, filming and/or recording (proof may be required). I understand the above request and give informed consent. |
| Full name of young person: | Age: |
| Your full name: | Relationship: |
| Phone: | Email: |
| Signature: | Date: |