

Photo release form

Name:

Age:

Name of parent/carer if above named person is under 18 years:

Address (please provide address of parent/carer if individual is aged under 18 years):

Phone/email (please provide phone/email of parent/carer if individual is aged under 18 years):

Event (location and date):

I give Diabetes UK the right to use my image in the photographs from the event indicated above.

By signing this form, I understand that the photograph(s) taken of me:

- will become part of Diabetes UK's photographic library and may be used by Diabetes UK in the future
- will belong to Diabetes UK and that I have no copyright or ownership of the photographs/film.

I give consent for the photo(s) to be used in Diabetes UK's: *(tick all that you give consent for)*

- Promotional material
- Printed Diabetes UK publications including magazines, reports and posters
- Diabetes UK website
- TV/radio
- Digital media

Your parent or guardian must sign if you are under 18. Children should understand the consent being given and where applicable, sign alongside their parent/carer. All children aged 16 + must co-sign the form with their parent/carer.

Signature: _____ Parent/carer's signature (for under 18s): _____

Print name: _____ Print name (parent/carer for under 18s): _____

Today's date: