Quarry Bank Musical Theatre Youth Society

Media consent form

For use when photographs/audio video recordings are taken/produced of young people to illustrate our work at QBMTYS.

Consent is sought by QBMTYS. Once photographs/audio visual recordings have been taken/produced, QBMTYS is responsible for the photographs/video/audio, which means that they may be reproduced to promote our projects, or in print, multi-media (e.g. CDs, DVDs) and on internet outlets. QBMTYS will always brief the children and young people as to where the media asset will appear.

Appropriate permission must be gained from the child or young person and of that child or young person’s parents, guardian, carer or legal representative before photographs/video/audio is taken/produced. By signing this form, you are giving consent for you, or the child or young person for whom you are responsible, to be photographed/filmed/recorded to highlight the work of QBMTYS, in print, multi-media (e.g. CDs, DVDs) and on internet outlets.

Your image/video/audio will only be used in the media stated above, as agreed by your signed consent. QBMTYS will not supply your image/video/audio to any other third parties without prior consent. This policy has been agreed to protect the interests of you/the child or young person.

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| **Young person** | **Parent guardian**  If under the age of 18, signed consent must be given by the/your parent(s)/guardian/carer/legal representative |
| Please complete below details | **Name** of your parent(s)/guardian/carer/legal representative  …………………………………………………… |
| **Your full name**………………………… | …………………………………………………… |
| **Your date of birth**…………………… | **Address**……………………………………… |
| **Address**……………………………………… | …………………………………………………… |
| ……………………………………………………… | …………………………………………………… |
| **Postcode**…………………………………… | **Postcode**…………………………………… |
| **Date**……………………………………………… | **Date**…………………………………… |
| **Signature**………………………………… | **Relationship to you, the child/young person**  ……………………………………… |
|  | **Signature**………………………………  Parent/guardian/legal representative |

For office use only

Signed by Staff member……………………………………..

Print Name…………………………………………………..

Date……………………………………………………………