

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 use these in our printed and/or online publicity.

I Give **OPERATION SMILE** permission to take photographs and/or videos of me.

I am aware of my right to withdraw consent at any time by contacting the office on Operation Smile UK's published number or via email, info@operationsmile.org Please visit our website to view our Privacy and Cookies policy which gives details of your additional rights.

I grant **OPERATION SMILE** 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 organisations aims. This might include (but is not limited to) the right to use them in their printed and/ or online publicity, social media, press releases and funding applications.

NAME		
SIGNATURE		
DATE	/	/

PHOTOGRAPHY/FILM/RECORDING CONSENT FORM

I understand that the Operation Smile may wish to use recordings, photography or film footage featuring my image both internally and externally to promote the Charity and its objectives.

I give consent to the use of recordings and images as described above.

If you provide us with recordings and/or images which include a child, you acknowledge that you have consent/permission from their legal guardians for their image/recording to be given to Operation Smile for its use.

This agreement applies to print and digital media formats including print publications, posters, banners, advertising, film, e-marketing, social media and websites which may or may not be sited in the UK or EU Countries.

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Signature:

Name (CAPITALS):

Date: