



PHOTO & VIDEO CONSENT FORM

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

I give SKYLARK PLUS permission to take photographs and / or video.

I grant SKYLARK PLUS 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 group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of Student

Name of Parent / Guardian

Parent / Guardian Signature

Students Signature

Date