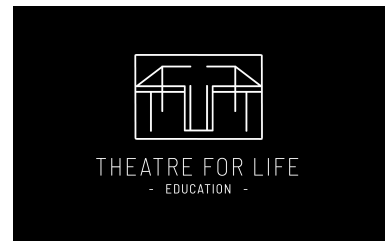


## **PERMISSION FOR PHOTOGRAPHY & VIDEO FOOTAGE**



**THEATRE FOR LIFE EDUCATION** would like to take your photograph or video you for promotional purposes. These images and video footage may be sent out to the media with a press release, used for our publications or on our website and social media forums.

### **WORKSHOP ATTENDEES**

I agree to allow **THEATRE FOR LIFE EDUCATION** to take photographs and video footage of me and grant permission for these to be used by **THEATRE FOR LIFE EDUCATION** and its project partners to promote **THEATRE FOR LIFE EDUCATION** in publications, press articles, promotional material, websites and social media forums.

(please print):

**Contact email address or telephone:**

**I agree to my name and images being published in any associated publicity if required.**

**YES            NO**

**Signed:**

**Date:**

### **PARENT / GUARDIANS**

Permission of parent/guardian if person photographed or videoed is less than 18 years of age.

I agree to allow **THEATRE FOR LIFE EDUCATION** to take photographs or video footage of the child(ren) in my charge and grant permission for these to be used by **THEATRE FOR LIFE EDUCATION** and its project partners in publications, press articles, promotional material, social media forums and websites.

Name of child (please print):

**Age:**

**Parent/Guardian name (please print):**

**Contact email address or telephone number:**

**I also agree to the child's name and images being published in any associated publicity if required (please circle):**

**YES            NO**

**Signed:**

**Date:**

***We will not use the images or video footage taken, or any other information you provide, for any other purpose.***