



## Photo/Media Consent

Name: .....

Address: .....

.....

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Telephone number: .....

The Bridges Centre and The Volunteering for Wellbeing Project would like to take your photograph for identification purposes and to possibly use in printed publications, press releases, on video or on our website.

To comply with the Data Protection Act 1998, we need your permission before we take any photos or recordings of you. Please answer the questions below and then sign and date the form. We will not use the images taken, or any other information you provide, for any other purpose.

1. May we use your image in printed publications produced by Bridges for promotional purposes? **YES/NO**
2. May we use your image in press releases, which may subsequently appear in the local or national media? **YES/NO**
3. May we use your image on our website? **YES/NO**
4. May we record your image on promotional videos? **YES/NO**

*Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.*

I have read and understood the conditions of use on this form.

Your Signature: ..... Date.....

Your name (*block capitals*) .....