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**(Add Project Title)**

**Photograph, Video & Audio Release Form**

Project Event and Recordings used from the session (add session (s) number):

I give permission for photographs or audio recordings taken of me at the session (s) listed above to be used as photographs for the ………….(add name of project) without payment.

I understand that this release only applies to photographic or audio recordings collected as part of the sessions and projects listed on this document.,

\*These may also be used for the following additional purposes (list or \*delete as needed):

I understand that my image may be edited, copied, exhibited, published or distributed, but only in relation to the core goals of the project; and I waive the right to inspect or approve the finished products in which my likeness appears.

Additionally, I waive any right to royalties or other compensation for the use of my image or recording.

I also understand that within the purposes listed; this material may be used / distributed in diverse settings within an unrestricted geographic area.  I understand the permission I give to the use of my images and recordings is not limited to a specific time.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed here.

In addition, I understand that I can if I wish, have my images removed from the project data by contacting the Research Support Team, who manage the Data Archive at Lancaster University, via this generic email: rdm@lancaster.ac.uk

The ……………..…(Add name of project) complies with the General Data Regulation Protection (GDPR, 2018). This means I have the right to know what data about me is held (e. g my name, a photograph of me). If the data is incorrect I can ask to have it removed or corrected.

I understand that if I am photographed for the …………………(Add name of project) I can ask at any time for my photograph to be taken out of the project data and no longer be used for further outputs in the future.

**Essential details\*:**

\*Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For children under 16 years add: (Delete this under 16yr clause if not required)

\*Name of parent (s) / carer (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that by signing this form, I acknowledge that I have read and fully understand the above release and agree to be bound thereby.

\*Name of (Add name of organisation / project) representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_