**PHOTO, VIDEO OR SOUND RELEASE FORM**

**During the course of your activities today, photographs, video or sound recording may be taken of you. <Your organisation> requests the right to use these in future promotional materials.**

**Rights to use image/video/sound**

In participating in this program/event, I hereby grant permission to the <your organisation>, the right to use my physical likeness without restriction in any promotion or promotional material created by the <your organisation> or its partner agencies for promotion of its programs, projects or events. I accept that no fee or remuneration will be provided for my appearance in any <your organisation> program and/or related promotions, and grant unlimited use of my image/video for this purpose only.

**Participant’s details**

|  |  |  |
| --- | --- | --- |
| **Name** | **Phone Number** | **Signature** |
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**Image/Video/Sound details**

|  |
| --- |
| **Description of Event/Images/Videos** |
|  |

**PRIVACY POLICY**

<Your organisation> believes that the responsible handling of personal and health information is a key aspect of democratic governance, and is strongly committed to protecting an individual’s right to privacy.