

Photography consent form

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| Name | |
| Contact Number | |
| Email address | |

We would like to use your image or recording for promotional purposes, and we require your consent to do so. They may appear in our publications and presentations, across our digital channels, and within our videos. These images could be used at any time, normally within a **five-year period** from the date of consent. However, once a publication is printed it will likely remain in use for several years. *Please note our website and digital channels may be seen throughout the world, and not just in the United Kingdom, where UK law applies.*

Please answer the questions below, then sign and date the form.

May we use your image in our publications, presentations and promotional videos?
 May we use your image within our digital channels, including social media?
 May we use your full name alongside your image?
 Are you over 18 years old?
 Are you currently living with MND?

Conditions of use

I understand that details I provide, and any photographs or film will be processed in accordance with the Data Protection Act 1998, the General Data Protection Regulation 2018 and any future legislation. I understand that the material produced may be used more than once, without restriction and without compensation to me. The Association will not include personal email or postal addresses or telephone numbers in our promotional publications and presentations, or within our digital channels and promotional videos. You can withdraw consent of the use of your image at any time. For details on how we use your information, please see our privacy policy which can be found on the home page of our website.

I have read and understood the conditions of use

| Signature (if completing digitally please type your name) | Name (in capitals) | Date |
|---|---------------------------|-------------|
| | | |

Please tick this box if you are signing on behalf of the person living with MND, and provide your details below

| Name | Email | Phone Number |
|-------------|--------------|---------------------|
| | | |

For office use only

| | |
|--------------|--|
| URN | |
| Completed by | |