# Consent form for filming or photography

Print name ……………………………………………………………

Are you over 18? …………………………………………………………..

I consent to BACP using images of myself caught in video recordings or photographs:

* taken or recorded on …………………………………………[insert date]
* at…………...……………………………………………… [insert location]
* for use in………………………………………………….. [insert details]

[I also consent to them being used for other marketing and publicity related purposes and in other publications. I understand that they may be published on the BACP website or other website or elsewhere.]

I understand that:

* my images will be held in accordance with the Data Protection Act
* the images of myself captured in the video recordings or photographswill be the copyright of BACP and any other intellectual property which arises in the recordings will also belong to BACP
* I hereby agree to irrevocably assign all property rights in my performance and/or recordings to BACP
* I can ask BACP to stop using my images at any time, in which case they will not be used in future publications but may continue to appear in publications already in circulation

Signed…………………………………………………..

Date……………………………………….

Address………………………………………………………………………………………………….