



Adlington & District Community Association

PHOTO CONSENT FORM

Name:

Address:

Contact:

Agrees

That Adlington & District Community Association may use images of me taken in a photograph or a video on;

Date

At

For promotional purposes in printed publications, in press releases (which may subsequently appear in the local or national media), on websites and in social media.

I understand that I may withdraw my consent to my image being used at any time and that Adlington & District Community Association will make every reasonable effort to cease using my image within 30 days of my withdrawing consent.

I can confirm that I am aged 16 or over (YES) (NO) **(if no a parent or guardian must also sign this form).**

Your signature Date.....

Name in block letters.....

Name of Parent or Guardian if appropriate

Signature