**Consent for use of images, video and sound recordings containing personal data**

I give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Community Council for photographs / video / sound recordings of me to be captured and used in printed and electronic media, including the internet / social media, for awareness / archival or promotional purposes.

|  |  |
| --- | --- |
| Sign |  |
| Print |  |
| Date |  |

If the person who is the subject of the image is less than 16 years of age, his or her parent or guardian must consent on their behalf below:

|  |  |
| --- | --- |
| Name of person who is the subject of the image:  |  |
| Relationship of signatory to this person:  |  |
| Date |  |
| Signed  |  |
| Print Name  |  |

|  |  |
| --- | --- |
| Name of organiser of photography/recording: |  |
| Role: |  |