

**For office use only**

**Name of shoot**…………………………………………

**Job number**………………………………………………….

**Date**…………………………………………………………..

**Location** ……………………………………………….

**Photography and video permission form**

**1. Your details**

| **Full name** |  |
| --- | --- |
| **Student ID (if applicable)** |  |
| **Tel/mobile** |  |
| **Email** |  |
| **Course/job title and organisation** |  |
| **Country of origin** |  |
| **Year of course (if applicable)** |  | **Date of birth** |  |

**2. Terms of agreement**

2.1 We, Sheffield Hallam University, are taking photographs/video to support our marketing and communications activities.

2.2 By signing this form you agree to our using your photographs/video in instances as indicated in section 3.

2.3 We are under no obligation to use any part of your photographs/video.

2.4 We will not pay you to use any part of your photograph/video.

2.5 We may store your personal details but we will not share them with any third party outside of Sheffield Hallam University.

**3. Permission**

**Please read the terms of agreement above before signing this form.**

I confirm I own the copyright to my contribution and am not infringing any third party rights.

I give permission for my photographs/video to be used by Sheffield Hallam University or our partner organisations in any publicity or marketing materials (including web, electronic and print).

**Signed.............................................................................................................**  **Date** **........../........../..........**

**(Print name)** ………………………………………………………………………………………………………………………

**Signed** (chaperone)**........................................................................................**  **Date** **........../........../..........**

(if person providing contribution is under 16)

**(Print name)** ………………………………………………………………………………………………………………………