

Photo Release form

We'd like to use your images but we need your permission to do so

We would be grateful if you would fill in this form to give us permission to use photographs of you in our printed and online publicity.

| | |
|------------------|--------------------|
| Title: | First Name: |
| Surname: | |
| Address: | |
| Postcode: | Tel: |
| Email: | |

I give permission for Citizens Advice Cornwall to use photographs and / or video of me. I grant full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the Charity's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name:

Signature:

Date:

Name of Parent or guardian if under 18:

Signature:

Date: