

Photo consent form

Name: _____

Address: _____

Email: _____

Date of Birth: _____

Relationship to sarcoma: _____

Sarcoma UK would like to take your photograph for the purpose of marketing.

These images may appear on our website www.sarcoma.org.uk / social media (www.facebook.com/uk.sarcoma / www.twitter.com/sarcoma_uk) and press releases to create awareness.

To comply with the Data Protection Act 1998, we need your permission before we take/use any photographs of you. Please answer the questions below, then sign and date the form where shown. We will not use the images taken, or any other information you provide, for any other purpose.

Conditions of use

- *This form is valid for two years from the date of signing. Your consent will automatically expire after this time*
- *We will not re-use any images after this time We will not include details or full names (which means first name and surname) of any person in an image on our website, on video, or in printed publications, without good reason*
- *We will not include personal e-mail or postal addresses, or telephone or on our website, social media or press releases*

May we use your image on our website www.sarcoma.org.uk

**Yes /
No**

1. Social Media (Facebook and Twitter)

**Yes /
No**

2. May we use your image in press releases, which may subsequently appear in the local or national media?

**Yes /
No**

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies.

Please also note that the conditions for use of these images are on the back of this form.

I have read and understood the conditions of use on the back of this form.

Your signature: _____ Date: _____

Your name (in block capitals): _____