



Photography and filming consent form

Model's details

Full name:

Email:

Telephone:

Age (if under 18):

I consent to the use of photographs/videos of me from the above event by the Royal College of Physicians (RCP) and its associated companies throughout the world. I consent to the use of my image by the RCP in all media, including on the internet, for all purposes connected with the business, marketing and promotion of the RCP.

I waive any right to inspect or approve the photographs/videos or the context in which they are used, and I agree that the photographs/videos may be altered and edited by the RCP and its authorised agents.

I understand that neither my name nor any other personal details will be used in any way in the images and media in which my photographs/videos appear without my further consent.

I understand that I do not own the copyright in the photographs/videos and I agree that I will have no claim for usage fees or other payments in respect of any use of the photographs/videos permitted by this release. This release shall be governed by the laws of England and Wales.

Signature:

Date:

Parent/guardian details (if model under 18)

Signature:

Name:

Telephone number:

Email: