Consent to photography by the Medical Research Council

We would like to take photographs of participants at [insert MRC event details] for promotional purposes. To comply with the Data Protection Act 1988 the MRC requires your permission to do this. Any images taken will be stored digitally on a secure server.

Your consent
In view of the explanation given to me by [insert name/position] on [insert date]. I agree that I/my child will appear in photographs to be taken for Medical Research Council publicity, information and exhibition purposes including those promoted via the internet. I understand that they may be used in articles and display material seen by the general public. I also understand that these images will not be used by other organisations other than in relation to the promotion of MRC activities and that I will not benefit financially from the future use of these images.

Event: ____________________________

Photo shoot date and venue: ____________________________

Photographer: ____________________________

Contact name: ____________________________

Participant name: ____________________________

Signature (guardian if under 18): ____________________________

Name of guardian: ____________________________

Date: ____________________________