

Model Consent Form



A copy of this form should be retained by the model, the photographer and the commissioning department/college

The photographer (details below), has been commissioned by (details below) to take photographs of the model. The photographs will be used for the promotion of its activities, but may also be used by the photographer.

I, the model (details below), grant the photographer and the commissioning department/college permission to take the photographs and to use them throughout the world in all and any media, including, without limitation, in printed publications, presentations, promotional material or online, in their original format or edited or altered in any way.

Please tick this box if you do not want the department/college to use any of the resulting images commercially.

Photographer's details	
Name	<input type="text"/>
Company	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>

Department/college's details	
Name	<input type="text"/>
Dept/Coll	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>

I agree that my name may appear in a caption in proximity to the photograph, used in accordance with the above terms, or in the editorial text accompanying it, but I also agree that the photograph may be used without any reference to my name. For the purposes of the UK Data Protection Act 1998, both the photographer and the department/college are data controllers. I consent to the photographer and the department/college: (a) storing and using copies of the photographs for the purposes described above; (b) storing my contact details in their databases in case they need to contact me; or (c) transferring the photographs outside the European Economic Area (EEA) for the purposes described above. I understand that I can withdraw my consent at any time by contacting the photographer and the department/college, in which case they will cease to use the photographs, but I accept that those copies of the photographs which have already been used or provided to third parties cannot be withdrawn from circulation.

I release and discharge the photographer and the department/college (and, where applicable, their respective licensees) from any and all claims and demands arising out of or in connection with the use of the photographs, including, without limitation, any and all claims for invasion of privacy, right of publicity and defamation. I have read this model consent form carefully and fully understand its meanings and implications.

If the person photographed is under 18: I am the parent/legal guardian of the person photographed, and I have read this consent form and approve of its terms and sign in place of the person photographed.

Model's details	
Name	<input type="text"/>
Dept/Coll	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text"/>

Description of photo shoot	
Date	<input type="text"/>
Details	<input type="text"/>