

## Photography & Film consent form

### Person(s) in photograph/film

I hereby grant buzz Manchester Health & Wellbeing Service and Greater Manchester Mental Health NHS Foundation Trust the right to use the photograph(s)/filming and any reproductions of adaptations of the photograph(s)/filming for all general purposes in relation to the Trust's work, including without limitation, the right to use them in publicity materials, website (including [www.buzzmanchester.co.uk](http://www.buzzmanchester.co.uk)), print and social media whenever buzz Manchester Health & Wellbeing Service and the Trust chooses to do so.

Name (please print)

.....

Address

.....  
.....

Post Code

.....

Tel No

.....

Signature (electronic signatures accepted).....

Date.....

To be completed by individual(s) or responsible adult (parents/guardians if the subject is less than 18 years of age) before photographs are taken.

### Responsible adult's name

.....

Address

.....  
.....

Post Code

.....

Tel No

.....

Signature (electronic signatures accepted).....

Date.....

I have fully discussed the consent of this form with the person(s) mentioned above.