

Media Consent Form

This form gives _____ permission to use your story and/or your photo/video in the places you choose.

Permission to share your material

Please tick the boxes to show you understand this form. If you have questions, ask the person who is inviting you to sign this form.

- I understand that my story/images/video will be used to help people learn about _____.
- I understand that I will be able to see my story/images/video before they are published and that I will be able to ask for changes if I am not happy with them.

What can _____ share about you and where? Choose by ticking the boxes that apply to you.

I give permission for _____ to use:

- A written story about me
- Words/quotes from me
- Photos of me
- Video of me

In these places:

- Websites
- Printed material (flyers, booklets, posters etc.)
- Local/national media (newspapers, radio, TV etc.)
- Digital and social media (blogs, e-newsletters, Facebook, YouTube etc.)
- Other: _____

Sign this form to give the okay for your story/images/video to be shared.

Date: _____

Your name: _____

Your signature (or name, signature and relationship of a guardian signing on your behalf):
