

Photography Consent Form

I (full name) give permission to
..... (name of Practice, hereafter
referred to as the "Practice") to use my:

- | | | |
|--------------------|------------------------------|-----------------------------|
| • Name | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Testimonial | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Image/photograph | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

in publications and advertisements produced by or for the Practice now or in the future.

My contact details are as follows:

Name:

Position (where applicable):

Organisation (where applicable):

The following details will not be published and are for the Practice records only:

Address:

Phone: E-mail:

I understand that the items agreed to above *may*:

- appear on the Internet/World Wide Web (WWW);
- appear in print, electronic, or video media;
- **enable readers to identify me.**

I understand that if my personal information (name, title, organisation or image) is published on the Internet/WWW then it will be accessible to users from all over the world.

My information can also be searched for using an identifier such as my name, and may be copied and used by any other person using the Internet/WWW.

Most importantly, I understand that once my personal information has been published on the Internet/WWW, the Practice has no control over its subsequent use and disclosure.

Signature: Date:

Office Use Only

File number: Photo/image ID number:.....

Testimonial:
.....
.....