**Photography and Filming Release Form**

**Name:** …………………………….……….…....................……...........……….

**Name of event:**

**Date of event:**

**Event location:**

* I/we give the Royal Society of Biology (RSB) permission to use photographs of the person named above in all RSB publications (this may include the website, social media sites, blog and magazine).

[ ]  **Yes**

[ ]  **No**

* I/we agree for the person’s full name, as written above, to be used alongside their image.

[ ]  **Yes**

[ ]  **No**

* I/we give the Royal Society of Biology permission to send photographs to the media.

[ ]  **Yes**

[ ]  **No**

By signing this agreement, I/we understand that:

* The purpose of the above listed publications is to promote the RSB.
* I/we will not be notified prior to the person’s photograph or name appearing in any of the publications listed above.
* The Royal Society of Biology retains ownership/copyright of all photographs.
* This agreement may be terminated at any time through written request to events@rsb.org.uk

**Signature:** ………………………………………………............

Are you over 16?

[ ]  **Yes**

[ ]  **No**

**If under 16, parent or guardian** **signature:** ………………………………………………..

**Date:** …………/……..….…/……..…….

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