**Film & Photography Consent Form**

\*put your library name here

Complete and submit this form to consent to be filmed and/or photographed for this project. Parent/guardian permission is required if you are under 18 years old.

**Full Name:**

**Date of Birth:**

**Email Address:**

**If you are under 18, you need to have consent from a parent/guardian. Please provide a name, phone number and email address for them in the box below.**

**Signature:**

**Ticking this box gives us permission to contact you about similar opportunities in the future. It means your personal data will be securely stored for 2 years and then deleted.**

I give permission to keep my details so I can be contacted about future opportunities.

**Today’s date:**