# **Filming and Photography Parental Permission Agreement**

Thank you.

In giving the Church name / Diocese of Manchester permission to film and/or take photographs of you and/or your child you are helping to support the work of the diocese.

Our policy is only to use the filmed material with care, respect and in a context appropriate with the aims and mission of the Diocese of Manchester.

Name …………………………………………………………………………………..

Name of parent/guardian……………………………………………………………………..

Age of child: …………………………………………………………………………………..

E mail address…………………………………………………………………………………

I give my consent to the Diocese of Manchester its affiliates and agents, to use my child’s image and likeness and/or any interview statements from them in all media known now or in the future.

This consent includes, but is not limited to:

1. Permission to interview, film, photograph, tape, or otherwise make a reproduction of my child and/or record their voice;
2. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of my child, and/or recording of their voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on the internet, television, radio and electronic media (social media / websites), in theatrical media and/or in printed materials such as booklets, reports and leaflets.

I confirm that I have read the information above and understand that I am able to withdraw my consent at any time, and will contact the parish or Diocese of Manchester’s Communications Team ([comms@manchester.anglican.org](mailto:comms@manchester.anglican.org)) to notify them of my withdrawal.

**Signature of parent/guardian**: …………………………………………………….

**Date**: ……………………………..

**To be completed by Parish / Diocese of Manchester staff:**

Name of Videographer / Photographer: …………………………………………………….

Name/Location of Shoot: …………………………………………………….………………………….

Date(s): ………………………………………………………………………………………..………………………….