Photography/ filming consent form

Full name of you or your child (if under 16): ____________________

I understand that:

- The College may use the photos/videos on their website and on social media, including YouTube
- The College may use the photos/videos offline in their quarterly publication, *The Bulletin*
- My photos/videos may be used for promotional materials, publications, in articles and potentially for publicity/marketing purposes
- Photos/videos may be shared with media or local press for cases such as National Pathology Week
- I can withdraw consent for this at any time. I can email publicengagement@rcpath.org if I change my mind. Note: this will not apply to material already published. RCPath cannot control already published material or recall them.

Signature: ________________________________

If child is under 16, parental signature: ________________________________

Date: ____________________

For office use

Name of event organiser:

Name of photographer:

Date of event:

Name of event:

Location of event: