



Consent Form for participants in videos for submission to the 'Lovin Our Lungs' Movie Competition

Shoot Date:

Shoot Title:

School/Club:

By signing this form, I agree that all images, recordings and footage taken of me during this shoot can be used for educational, promotional and training purposes for (Your Youth Groups Name & the LovinourLungs Movie Competition) on DVD, on its website, YouTube, on Facebook and on television if required. I understand that my image and rights will only be used in this particular context and will not be used in conjunction with any other company or product without prior permission from me.

Please sign below to signify your agreement to and acceptance of the above terms.

PRINT NAME: _____

Signed (Parent/Guardian signature needed if under 18): _____

Date: _____