

Photo, Video and Audio Consent Form

To be completed by individuals agreeing to be photographed, filmed and/or recorded in the production of University photography, video or audio work.

I hereby grant permission to Syracuse London to capture and use photograph(s), video or audio recording(s) taken by its employees, agents or representatives and to use them throughout the world which includes outside the European Economic Area (EEA) in all and any media, including, without limitation, in printed publications, presentations, promotional and marketing material, online or in other manner desired, without notifying me.

I agree that my name may be used in conjunction with materials and media wherein my likeness appears, but also agree that these may be used without any reference to my name.

I hereby agree to release and hold harmless Syracuse London from and against any claims, damages or liability arising from or related to the use of the materials and media wherein my likeness appears, including but not limited to any reproduction, edited or altered versions either intentionally or otherwise, that may occur or be produced in the production of the finished product.

I understand that I can withdraw my consent at any time by contacting Syracuse London, in which case they will cease to use the photograph(s), video or audio recording(s), but I accept that those copies which have already been used or provided to third parties cannot be withdrawn from circulation.

There is no time limit on the validity of this consent nor is there any geographic limitation.

I further understand that, subsequently, the University may process or authorise the processing of the photographs, video or audio recording(s) for the purposes described above. The University is committed to processing personal information in accordance with the Data Protection Act and the General Data Protection Regulation and will ensure that the rights and interests of data subjects are weighted appropriately.

Please complete using BLOCK CAPITALS

PROJECT DETAILS

Project\Event:
Project\Event Date:
Organiser:
Participant's Contribution:

PARTICIPANT'S DETAILS

First Name:
Last Name:
Telephone:
Email:

Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Other <input type="checkbox"/>
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SIGNATURE

Date:

I release and discharge the photographer, filmmaker, recorder and the University (and where applicable, their respective licensees) from any and all claims and demands arising out of or in connection with the use of the photos, videos or audio recordings, including, without limitation, any and all claims for invasion of privacy, right of publicity and defamation. I have read this consent form carefully and fully understand its meanings and implications.

If you have any queries about this form or wish to update your personal details please contact dataprotection@syr.edu

FOR INTERNAL USE

Media Reference:

Completed forms should be scanned and stored electronically with the captured photos, videos or audio recordings.