



SIGHT FOR ALL PERSONAL IMAGE CONSENT FORM

Name:

Photographs and videos are often taken of Sight For All projects, to provide information about activities and to promote the work being undertaken. When taking photographs, Sight For All ensures that the photograph complies with local traditions and is respectful to those being featured in the image.

By signing this form, you consent to Sight For All using and publishing your name and photographs and/or videos containing your image in any of its publications (including written and multimedia reports) and on-line galleries (eg. Sight For All website, Facebook, Instagram, YouTube).

In the event of any scientific publication, for instance any publication describing or reviewing an eye condition, Sight For All will ensure that you will not be identifiable by name.

In signing consent, you verify that the request for signing this Personal Image Consent Form has been clearly explained to you.

Personal Consent

I am over 18: YES NO (If no, a legal guardian must complete the section below)

Name

Address

Signature

Date

If you are under 18 years of age you will need to have your parent or legal guardian sign this permission form:

Name of child

Address

Signature of parent/guardian.....

Print name

Date