

Model release form

St John
Ambulance



Please fax this completed form to the NHQ Communications team on 020 7324 4001.

Name of person photographed/filmed

Unit

Contact tel. no.

Date of first photoshoot

Brief description of first photoshoot

I give authorisation for St John Ambulance to use images of my likeness taken at this photoshoot and all subsequent photoshoots that I attend. I understand that if I no longer wish my image to be used, I can notify St John Ambulance in writing to that effect. Such a withdrawal will not be retrospective.

I hereby grant to St John Ambulance the right to hold these images and publish them in print, film and electronic media output for an indefinite period of time (unless otherwise stipulated), for any purpose relating to the promotion of the charity's work, including editorial, advertising and general information provision.

I understand that I have no interest in the copyright, nor any other rights, in the images.

Please tick one of the following, as appropriate:

☐ I am over 18 years of age.

☐ I am the parent or guardian of the person photographed, who is under 18 years of age and consent to the use of these images as stipulated above.

If the model is under seven years old, their parent/guardian must sign the form.

If the model is aged seven to 15 inclusive, both they and their parent/guardian must sign the form.

Signed (Model)

Date

Name (Block capitals)

Signed (Parent/Guardian)

Date

Name (Block capitals)