

Model consent to allow use of images for public distribution.

I hereby confirm that I give consent for the photographs and/or video tape images and/or sound recordings and/or other images of me to be included within the production named:

Title: _____
Date of distribution: _____
The type of medium the material will be distributed by: _____
Type of material, (e.g. photographs, video, sound): _____

I understand the material may have educational and publicity value. I consent to the images being shown to appropriate professional staff and used in educational publications, journals, textbooks and used in any other form or medium including all forms of electronic publication, storage or distribution anywhere in the world. As a result, I understand the images may be seen by the general public. All or part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration. I understand I may request to conceal my identity both visually and by removing name/s that associate me with the media but full confidentiality is not guaranteed.

I may view the material by arrangement with Media Services and can rescind this consent at any time (must be requested in writing). However, I realize that recovery of the material may not be possible once released. I understand that no fee is payable to me by the Medical School or St George's Healthcare NHS Trust or any other person in respect of the material either now or at any time in the future.

I confirm that the purpose for which the material would be used has been explained to me in terms, which I have understood.

To be completed by parent/guardian if model is under 16 yrs old.

Model Name: _____ **Date:** _____

Signature: _____

Address: _____

Daytime Tel: _____

Verified by: (Print Name) _____ **Date:** _____