



Photograph permission form

Please tick the box below to indicate you have read and agree to the following statements:

I give permission to Step out Sheffield to use this/these photograph(s) taken of me in publications, advertisements, exhibitions and the internet to illustrate their work and to promote walking and Ramblers Walking for Health. Please note that 'internet' also includes use on social media.

and

I understand that Step out Sheffield will store my personal details below for the purpose of managing the permission to use the photo(s).

and

I declare that I am over 18 years old.

I may withdraw my permission at any time by contacting steppingoutinsheffield@gmail.com

Details of person in photograph:

Name: _____

Contact details (telephone and/or email address):

Signature: _____

OR

I declare that the individual(s) photographed is under sixteen years and that I am the parent or duly authorised representative and that I have read the above and completely understand the contents.

Signature of parent or duly authorised representative: _____

Scheme name: _____

Photographer: _____

Location: _____ Date: _____