



Photograph Consent Form

Name	
Address	
Telephone	
Email	
Date of Birth	

I _____ agree that Sightline can take my photograph and that it may be used in press releases and/or social media. I understand that agreeing to Sightline using my photograph means that it will be in the public domain and, once it is released by public media, Sightline cannot take it back out of the public domain.

I understand that my personal information will be held and used by Sightline in accordance with the Data Protection Act 1998.

Signed _____

Date _____

Print name _____

For completion by Sightline's representatives:

Print name _____

Signed _____

Designation _____

Date _____