



**Buxton Civic Association**

## **CONSENT FORM TO USE AN IMAGE, PHOTOGRAPH OR VIDEO FOOTAGE OF ANYONE AGED UNDER 18 YEARS OF AGE**

We take the issue of data protection very seriously and would never knowingly use an image of your child without your prior consent. We, Buxton Civic Association Ltd (also operating under Poole's Cavern and Poole's Cavern & Buxton Country Park) would therefore ask you to read through, complete and return the form to us. **Please complete one form per child.**

<b>Name of Parent or Guardian: (Block Capitals)</b>		
<b>Name of Child: (Block Capitals)</b>		
<p>I understand that this image or video will only be used for the following purposes:</p> <ul style="list-style-type: none"> <li>• Buxton Civic Association Ltd (also operating under Poole's Cavern and Poole's Cavern &amp; Buxton Country Park) electronic (including website and social media platforms) and printed information, displays and exhibitions relating to the activity shown in the picture.</li> <li>• Any similar Buxton Civic Association Ltd (also operating under Poole's Cavern and Poole's Cavern &amp; Buxton Country Park) campaign or related area, our partner organisations and third-parties (such as our funders, including the National Lottery Heritage Fund for promotional activities and reporting purposes).</li> </ul> <p>I understand that this image will <b>NOT</b> be used for: Anything that may cause offence, embarrassment or distress, e.g. drug/alcohol abuse. Images will <u>not</u> identify my child by name.</p> <p><b>I understand that this image may continue to be used until I advise otherwise.</b></p> <p>To withdraw my consent, I agree to contact Buxton Civic Association Ltd (also operating under Poole's Cavern and Poole's Cavern &amp; Buxton Country Park) in writing at: <b>Poole's Cavern Visitor Centre, Green Lane, Buxton, SK17 9DH</b></p> <p>Email: <a href="mailto:manager@poolecavern.co.uk">manager@poolecavern.co.uk</a></p>		
<b>Having read the statement above, do you give your consent for the image to be used? (please put a tick in appropriate box)</b>	<input type="checkbox"/>	<b>YES</b> , I give my consent for the image/video to be used
	<input type="checkbox"/>	<b>NO</b> , I do not give my consent for the image/video to be used
<b>Your Signature:</b>		
<b>Your Contact Telephone Number:</b>		
<b>Date (Day/Month/Year):</b>		

**Office Use Only:** Subject of photograph .....

Photograph project reference ..... Date taken .....