CONSENT FORM FOR USE OF PHOTOGRAPHIC AND PRINTED MATERIAL BY THE BBTA

Please read the following statement most carefully. If you consent to the conditions of the photos/printed material being used please sign and date this sheet.

BBTA would like to use your photograph/video/printed material for promotional and/or educational purposes. The photograph(s)/printed material may appear in our printed materials, in press communications, on our website and on social media, now or in the future.

In order to comply with the Data Protection Act 1998, we need to obtain your permission before we use any photograph/video/printed material of you. We would therefore be grateful if you could confirm your consent to the use of your photograph(s) printed material for the above purposes by signing and dating this form where indicated below. Please note that we will not use the images/material taken for any other purpose and we will not include any of your personal details, other than your name i.e. no use of your e-mail, postal address, telephone or fax number in conjunction with the use of your photograph(s)/printed material.
CONSENT FORM FOR USE OF PHOTOGRAPHIC AND PRINTED MATERIAL BY THE BBTA

I (name of patient or therapist being photographed/supplying printed material) and hereby grant BBTA permission to use Identifiable photograph(s)/printed material of me for the purposes set out above. I declare, in consequence of granting this permission, that I will not assert any claim against BBTA in respect of the photograph(s)/printed material in question.

Name of patient/therapist providing photographs/providing printed material. Please print.

______________________________________________________________________________

Signature of patient/therapist being photographed:

______________________________________________________________________________

Address ________________________________________________________________

Date _______________________________________________________________________

Course Venue ______________________________________________________________

Tutor’s Name (Printed) _______________________________________________________

Tutor’s Signature __________________________________________________________________