

## Media Consent Form: Adult Permission

**PARISH NAME:** \_\_\_\_\_

**Data Protection:** This form will be held on file in accordance with the data protection policy of the Diocese of Galway, Kilmacduagh and Kilfenora. The data entered will be used only for the purpose indicated on this form. It may only be accessed by those who have responsibility for managing files or activities.

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I \_\_\_\_\_ [first name and surname] would like to take part in  
\_\_\_\_\_ [name of event] on \_\_\_\_\_ [date of event].

If relevant please tick the boxes below.

- I understand that photographs may be taken during the event, and I give my permission for these to be used in any hard copy/online [delete as appropriate] publications by the Church body.
  - I understand that videos may be taken during the event, and I give my permission for these to be used in any hard copy/online [delete as appropriate] publications by the Church body.
  - I understand that updates may be posted on the Church body website and/or social network sites during the event, and I give my permission for my image/videos of me [delete as appropriate] to be used.
  - I understand that recorded material from this event, in audio or video form, may be used as an online ministry resource by the Church body, and I give my permission for this.
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Signed: \_\_\_\_\_

Name: \_\_\_\_\_  
[BLOCK LETTERS]

Dated: \_\_\_\_\_