Image release authorisation

Place

Date

Person photographed or filmed

Full name

Date of birth

Full address

E-mail address

Beneficiary of the authorisation

Name or organisation

Full address

E-mail address

Photo or recording session

Event, project or session concerned

Date of the shoot

I authorise the beneficiary to capture, reproduce and publish my image (photographs, videos, recordings of my voice) taken during the session indicated above, within the limits ticked and stated below. No other use is permitted without my consent.

Authorised media and uses

- ☐ Website
- ☐ Social media
- ☐ Print
- ☐ Advertising and commercial communication
- ☐ Press and media
- ☐ Internal use only

Duration of the authorisation

Territory (country or worldwide)

- ☐ This authorisation is given free of charge
- ☐ This authorisation is given in return for payment

Agreed payment or consideration

- ☐ The person shown is a minor or under protection: the authorisation is signed by their legal representative

Legal representative's name

Relationship to the person

I may ask in writing for my image to be removed from the media the beneficiary controls; the beneficiary agrees not to use my image in a way that harms my dignity or reputation.

Signature of the person (or representative)

Name in full

Signature of the beneficiary

Name in full