

Communications Team
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Media Consent and Release Form

I give my consent to The Diocese of Hereford, its affiliates and agents, to use my image and likeness and/or any interview statements from me in all media known now or in the future. This consent includes, but is not limited to:

- a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;
- b) Permission to use my name; and
- c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings.

I also understand that I am able to withdraw my consent at any time, and will contact the Diocese of Hereford Communications Team to notify them of my withdrawal.

Purpose of recording:					
Recording Medium:	Audio	Film	Photography	Written	
Location:					
Date:	/				
Print Name:					
Signature:					
Please sign below If yo guardian / carer / fam	_	_	of the person above, (i person)	if subject is under 1	8 / as a legal
Print Name:					
Relationship to Subject	::				
Signature:					

On behalf of the Diocese of Hereford

I certify that	I have read	this consent	form in	full to	the ,	parent/lega	l guardian	whose	signature	appears
above.										

Job Title:

Signature: