

**SIMPLY SOULFUL YOGA & THERAPIES
PHOTOGRAPHY/ VIDEO/ DIGITAL IMAGES - CONSENT FORM**

To be completed by individual(s) and parents/guardians if participant is less than 18 years of age, who appear in any photographs taken.

Simply Soulful Yoga & Therapies would like to take your photograph/ video/ digital image for promotional purposes. These images may be used in printed material, electronic publications, website, social media, press articles. In accordance with our Privacy Policy - <https://www.simplysoulful.co.uk/privacy-policy/> - we will not permit photographs/ video/ digital images to be taken without the consent of the participant and/ or the parent/ guardian of the participant (if participant is less than 18 years of age). Simply Soulful Yoga & Therapies will take steps to ensure these images are used solely for the purposes they are intended and for a duration relevant to the marketing activity. If you become aware that these images are being used inappropriately you should immediately email info@simplysoulful.co.uk. We will not use or sell the images taken, or any other information you provide, for any other purpose.

Person(s) in photograph:

I agree to allow Simply Soulful Yoga & Therapies to take photographs/ video/ digital images of me and grant permission for these to be used by Simply Soulful Yoga & Therapies for promotional activities such as printed material, electronic publications, website, social media, press articles, indefinitely without compensation to me.

Name (please print)	
Contact email address	
Telephone number	
Signed	
Date	

I agree to my name being published in any associated publicity if required (please circle)	YES	NO
I confirm that I have read, or been made aware of the Simply Soulful Yoga & Therapies Privacy Policy (please circle)	YES	NO

Permission of parent/guardian if person photographed is less than 18 years of age:

I agree to allow Simply Soulful Yoga & Therapies to take photographs/ video/ digital images of the child(ren) in my charge and grant permission for these to be used by Simply Soulful Yoga & Therapies for promotional activities such as printed material, electronic publications, website, social media, press articles, indefinitely without compensation to me.

Name of child (please print)	
Age	
Parent/Guardian name (please print)	
Contact email address	
Telephone number	
Signed	
Date	

I agree to the child's name being published in any associated publicity if required (please circle)	YES	NO
I confirm that I have read, or been made aware of the Simply Soulful Yoga & Therapies Privacy Policy (please circle)	YES	NO