The Down’s Syndrome Association (DSA) exists to provide information, advice and support to people with Down’s syndrome, their families and interested professionals. We use photographs, filmed images and audio recordings to promote awareness of campaigns, projects and general information via our websites, social media, publications and for general displays and presentations at conferences and fundraising or media events. We may also pass photographs/filmed images on to other organisations or to the media after rigorously checking their intended purpose.

We ask that you complete the declaration below, so that we may use your photographed and filmed images or audio recording to promote awareness.

I give permission to the Down’s Syndrome Association (DSA) to use the photographs/film/audio recordings taken of me in any way they consider reasonable at any time in the future. This includes (but is not limited to) reproducing these photographs/film/audio recordings in books, exhibitions, websites, blogs, Facebook, Twitter and other social media; fundraising and advertising; for ongoing campaigns, new projects and any other purpose deemed reasonable at any future date to promote awareness of the DSA.

1. **I grant the DSA permission to use the photographs/film/audio recordings throughout the world in its/their original format or edited.**
2. **I give permission to the DSA to store/transfer the photographs/film/audio recordings.**
3. **I give permission to the DSA to store my contact details appropriately.**
* I have read the release and agreement and I fully understand the contents. [ ] *tick*
* If I wish to remove my permission at a later date, I must contact the DSA to confirm my request [ ] *tick*

**Participant**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I am over 16 years of age [ ] *tick*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are signing for the Participant, please complete here:**

I confirm that the photographs/films/audio recordings are of the person in my care and that I am entitled to sign this form on their behalf. [ ] *tick*

I have read and understood the release, agreement and information and agree to the photograph/films/audio recordings of the person in my care being used. [ ] *tick*

Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am signing for the participant who is unable to sign for his or herself [ ] *tick*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am over 16 years of age [ ] *tick* Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_