

Farnham Community Play Steering Committee
Farnham Community Play
Recording

Consent Form

For the use of Photographs, Film and Audio Recordings in the Museum of Youth and other reminiscences

*To be completed in duplicate by an adult signatory if a minor
A copy to be held by Farnham Community Play Steering Committee*

Name _____

Tick the relevant boxes below to give your consent or mark with a **cross** if you withhold consent.

- I hereby give consent that the audio recording made of those named above for Farnham Community Play may be kept in an archive for future generations
- I give consent that the audio recording may be used by Farnham Community Play Steering Committee in the context of the planned play
- I give consent that the recording may be transcribed and used in written form by Farnham Community Play Steering Committee in the context of the play project
- I give consent that any photograph or film recording that was made with my knowledge during the course of the audio recording may be used by Farnham Community Play Steering Committee in the context of the play project
- I am content to share my ownership of these recordings and photos for the use of publicity of the play

Please tick the box below if you agree to:

- I am happy to have my name associated with any archived recording or associated photographs
- I would like any archived recording, associated photographs to be anonymous

Signature _____

If you are signing on behalf of a child or someone else please state your relationship

Address _____

(Interviewers contact details -)