

Recording Authorisation

The Sample Historical Society, Address (SHS)

If the person to be recorded is under 18 years of age, this form must be signed by a parent or guardian.

I, (*print name*) _____

of (*address*) _____

phone: _____

email: _____

give permission for the SHS to record :

myself; and/or

the following individual(s) for whom I am the parent or legal guardian: _____

at the (*insert event or location name*) _____

_____ on (*insert date*) _____

by way of photography, audio recording and/or audio-visual recording (together 'Recordings').

I acknowledge and agree that:

- the SHS will own the Recordings (including any copyrights);
- the SHS may, at its discretion, use the Recordings to fulfil its functions, including making the recordings available online, and
- should I wish to withdraw this authorisation, it will be my responsibility to inform the SHS in writing.

Withdrawal of this authorisation will not apply to any uses already made of the Recordings.

Signature _____

Date: _____

Privacy Statement: The information you have provided is treated as confidential and managed in accordance with the Sample Historical Society's Privacy Policy.