



National Pathology Week

2-8 November 2009

Photography/Video Consent Form

This is to certify that I (print name).....
give my permission for images of myself / the child in my care, (delete as appropriate) captured through video, photo and digital camera, to be used for the purposes of The Royal College of Pathologists promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand that this may be used for publicity/marketing purposes.

Name (please print):

Signature:

Name of Parent/Guardian (please print):

Parent/Guardian's Signature:

Date:

For office use:

Name:

Event/activity description:

Please keep a copy for your files and send a copy to:
Communications, Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF

The Royal College of Pathologists, 2 Carlton House Terrace, London, SW1Y 5AF

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