**image, video &story: consent Form**

WAGGGSimagery and story-telling respects and represents the real situation of young people’s lives and gives them a platform to speak out about issues that affect them. WAGGGS ensures that how we use the stories of young people upholdstheir rights to accurate representation, respect, privacy and protection.

We use real stories and images to gain support for our work as a global Movement, demonstrate our impact and raise awareness of issues that affect girls and young women across the world. The photograph, story or film of you might be seen in many countries, including your own. We might use them in print, on websites or television programmes.

Signing on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Troup/Unit/Group

|  |  |  |
| --- | --- | --- |
| Assets | Photos 🞏 / films 🞏 / interviews 🞏 | Date: |
| Location |  |
| Made by |  |
| Notes or conditions (e.g. do not use my real name, or show my face) |

All assets identified abovewill be used for external purposes, as detailed above, for up to four years. They will be held by WAGGGS in our historical archive for 20 years.

I agree that the World Association of Girl Guides and Girl Scouts (WAGGGS) and its authorised partners:

1. may use the pictures or films of me and my story for any purpose, and in any way, that assists WAGGGSs work in keeping their Movement thriving, united and growing;
2. may use, reproduce and distribute all or any part of the photographs, films or interview on any traditional or electronic media format at any time.

I confirm that the above works were made with my knowledge and consent.

You may withdraw your consent at any point. Please e-mail [insert contact] to do this.

However, it will not be possible to retract information which may have already been published.

|  |
| --- |
| Personal details |
| Name |  | Age if under-18 |
| Address |  |
| Signature |  | Date: |
| Guardian if subject under 18: I confirm that I am the legal guardian of the child named above and grant permission for this release on behalf of my child: |
| Name  |  |
| Relationship to child |  |
| Signature |  | Date: |
| Witness |
| Name |  |
| Organisation |  |
| Signature |  | Date: |