

## Photography consent

From time to time the Nuffield Department of Medicine photographs their activities. These photographs are used to promote the Department and to create a record of activities.

We would like your permission to do the following:

- To take photographs of yourself and/or your family.
- To retain a copy in the Department's photographic archive.
- To use them when needed for displays, publications, newspapers, podcasts, television broadcasts, the internet and other digital formats, or other non-commercial, educational or research initiatives.

*N.B. There is no certainty that your photographs will be selected for use in publications or displays. The Department is unable to pay royalties for this use.*

### **Safeguards:**

The photographs will not be made available for any commercial use.

Please indicate that you have read, understood and accepted the Department's terms as outlined by signing below.

I agree to photographs of myself and / or my family being used in this way.

Full name .....

Signature .....

Date .....