



## **Consent Form Photography, Filming and Audio Recording**

I hereby consent to the use of my image, and sound of my voice as recorded on audio or video devices, without payment or any other consideration, for Teagasc educational, training or promotional purposes. I understand that my image and/or voice recording may be edited, copied, exhibited, published or distributed. I also understand that this personal data may be used in diverse educational/promotional settings and mediums within an unrestricted geographic area.

I hereby consent to such photography, audio or video recordings being used for the following purposes:-

- Educational videos
- Event promotional material
- Conference presentations
- Testimonial videos

I hereby consent to recordings of me being electronically displayed online. I acknowledge that I have completely read and fully understand this Consent Form and agree to be bound thereby. I confirm that I am 18 years of age or older.

Full Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **WITHDRAWAL OF CONSENT**

I can withdraw consent regarding the above use of my personal data at any time by emailing [dpo@teagasc.ie](mailto:dpo@teagasc.ie). I acknowledge and understand that this will not apply to material already published as Teagasc cannot control such material.

## Consent for those under the age of 18

In accordance with the requirements of the GDPR and Data Protection Act 2018 regarding the use of children's personal data and consent to same, Teagasc will not permit photographs, video or other images of children to be taken or captured without the consent of the parents/guardians of those children involved in our activities.

I hereby consent to photographs and/or video footage of my child being taken:

Name of Child: \_\_\_\_\_

*I confirm that I have read this Consent Form in full and understand the proposed uses for the photographs and/or video footage of my child. I am the legal parent/guardian of the above-named child/ and I hereby give permission for my child to be photographed / recorded in video footage for the purposes outlined.*

Full Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For completion by Teagasc:

Recording Name/Subject: \_\_\_\_\_

Recording Type (e.g. Audio/Video): \_\_\_\_\_

Recording requested by\*: \_\_\_\_\_

Date: \_\_\_\_\_

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