

## RELEASE FORM

### **Film & Photography Permission Form**

I, the undersigned, give permission for the Royal Institute of British Architects, to take and reproduce film, audio recordings and photographs of my child during their participation in the RIBA Architecture Ambassadors workshops.

TITLE OF EVENT: RIBA Architecture Ambassadors programme 2017

CHILD'S NAME

PARENT/CARER'S NAME:

ADDRESS:

POSTCODE: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

EMAIL:

*In addition, I agree to the reproduction of the film and/or images for use by RIBA, and the partner architects through the following purposes:*

Website(s)  
Social media  
Educational resources  
Marketing and publicity materials  
Local and national press  
Corporate presentations  
Publications

I understand that the film and photographs will be copyright of the Royal Institute of British Architects.

**TO CONFIRM YOUR AGREEMENT PLEASE TICK THE BOX:**

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The Royal Institute of British Architects adheres to the guidelines set out in the 1998 Data Protection Act.

Signed:

Printed Name:

Date:

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**RIBA USE:**

NAME OF EVENT:  
CONTACT NAME:

REPRO ID:  
EXT No: