# **CONSENT FORM FOR PHOTOGRAPHY / FILMING (PARISH MASSES & EVENTS)**

This Consent form is required as part of the Parish Safeguarding Policy on Photography and Filming. It includes a number of shared responsibilities for the family, the photographer/videographer and the Parish.

When a Sacrament is booked with the Parish Office, this Consent Form is required to be signed acknowledging the responsibilities with respect to Photography/Filming. This Form can also be used by Parish groups where children participate. The group leader needs to ensure that the parents of those children provide consent for the photo being taken and for how and where the image is later posted and stored.

### **Guidelines for Photographer or Videographer (regardless of being a Professional or a family member/friend):**

* To be discreet and not to disrupt the flow of the mass
* Only take photographs or videos of the family who have engaged them unless you obtain written permission of each parent or guardian before taking their photo or video.
* If the photographer or videographer cannot avoid including other people, they must ask for permission of families or people prior to taking a photograph/video (ideally in writing beforehand), informing of the purpose, explaining what you intend to do with the images, how the images will be stored, for the length of time, who can access them and where they might be posted and for how long.
* Not seek to take photographs or film children separately away from the main group unless supervised by the parents or guardian of the children.
* If photos or videos are to be posted online, check that permission has been given by the parent/guardian (see below) and that the settings of the social media platform are set to private and understand who is viewing it before posting. Once posted, there can be no longer ‘ownership’ of the image.
* Never publish personal information of the child and ensure that identifying features (e.g. school names/ logos) are disguised.

In addition, if you have engaged a Professional Photographer or Videographer, you need to provide their name below (or let the Parish Office know as soon as possible) and ensure that they provide evidence that they have a current WWCC.

### **Parent/Guardian Acknowledgement:**

I/We have read and understood the above guidelines and have passed on the above information to the photographer who will be taking the photographs of the event. I/We have provided the correct details of the professional photographer we have engaged for the event to the Parish Office.

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacrament Type: Baptism/Reconciliation/Eucharist/Confirmation/ Other Mass : (Specifiy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If professional Photographer or Videographer, please provide details: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WWCC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do/ do not [please delete] agree to the images taken to be posted online. I wish images of my child to be given to me. I do / do not [please delete] agree to the Photographer / Videographer retaining images of my child on their storage device after the event. I wish the images to be deleted/retained [please delete] by the Photographer / Videographer for future use for a period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years [please indicate].

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_