1

Tell us the *title* of each picture, the *date* they were taken and *where* they were taken.

**​Photo 1**

Title:       Date dd/mm/yyyy:       Where taken:

**​Photo 2**

Title:       Date dd/mm/yyyy:       Where taken:

**​Photo 3**

Title:       Date dd/mm/yyyy:       Where taken:

**​Photo 4**

Title:       Date dd/mm/yyyy:       Where taken:

**​Photo 5**

Title:       Date dd/mm/yyyy:       Where taken:

2

Select relevant declaration(s) from the list below:

I declare that any image was taken without any written consents being needed.

I declare that any image was taken with the verbal consent of all recognisable adults in the foreground of any image.

I declare that any image was taken with the written consent of the adult photographed, for any image with sensitive data.

I declare that any image was taken with the written consent of a vulnerable adult and the person responsible for them.

I declare that any image was taken with the written consent/s of a parent/responsible adult for a child/children under 18.

3

Finally, give your consent:

​ I give my consent as the photographer to store, transmit and publish this image and to store, transmit and publish the accompanying data. My email address, any accompanying consents and this declaration which will not be published.

I permit you to keep email details for contact by Bishop’s Waltham 2020 Vision or Bishop’s Waltham Museum Trust for the purposes of this project only.

I pass copyright of this image to Bishop’s Waltham 2020 Vision and then to Bishop’s Waltham Museum Trust where the image and accompanying details will be held securely in the future.

​ I am under 18 and have written consent from my parent/responsible person.

Now you can save this document and attach it to your email with your photos.

If we have any queries or need any more information from you, we will be in touch.

​Thank you!