

## Media release form

Please complete the media release form giving us your permission to put your story, comments, photos, videos, audio etc on our website, social media and/or be used in presentations for educational purposes. If you would prefer not to have your name publicised, let us know.

Send your stories and photos to [contactus@beatscad.org.uk](mailto:contactus@beatscad.org.uk).

**Name:**

**Age:**

**Location:**

**Contact name (if different from above):**

**Tel:**

**Email:**

**Details of your SCAD (if SCAD patient):**

**Date(s) of SCAD:**

I give permission for text, photos, audio and video footage provided to Beat SCAD to be used as follows. Please tick either or both of the below options.

On Beat SCAD's website and used on social media.      In presentations to educate healthcare professionals.

I understand that this may be used for commercial, editorial and research purposes, in both the United Kingdom and internationally.

I understand that material including presentations used for educational purposes, may appear on the internet. The material may be transmitted on a website owned or controlled by Beat SCAD, on social media or on audio and video sharing sites and/or other websites.

I agree to give the rights to my recorded image, likeness and audio to Beat SCAD. I understand that my image may be edited, copied, exhibited, published, or distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

I am over 18 years of age.

**NOTE:** If subject is under 18, a parent or guardian must sign this release on behalf of the minor.

**Signature:**

**Print name:**

**Date:**