## **Imagery Consent Form**

Event ID	Date									
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The EUR will produce photos and videos, which we illustrate the variety of activities we undertake at E										
By ticking the boxes and signing the form undersigned declares that he/she permits EUR to possible.  Imagery, still or moving;  First name and last name;  Nationality;  Personal testimonials;  Professional background.		<sup>f</sup> ollowir	ng p	ersor	nal da	ta:				
for the following purposes (please tick the boxes):										
For sharing amongst you and other partic using a secured environment;	cipants, staff	, and fa	cul	ty usii	ng ha	rdc	opies	or di	gital	
To the variety of activities we undertake a activities, using printed media, hardcopy								on th	ese	
To the variety of activities we undertake a activities, using online media (including s			forn	n inte	rested	d pa	arties	on th	ese	
Furthermore, undersigned has read and accepts th form and has read the "privacy conditions" as men						ne	d on p	page 2	? of th	is
Please tick the box(es) and sign below: First name	Date									
riist name	Date	=	,			1				
Last name	Ema	Email address								
First & Last name (digital signing)	7									

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- EUR will retain the personal data captured under this consent form until consent is withdrawn or 20 years after consent is given.
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