**Permission to Photos and Videos:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant to the ‘Photovoice Uncovering the Contribution of People with Intellectual Disability’ Project, being carried out by Dr Samuel Arnold, the right to use photo and videos of me in connection with the project. I authorize Dr Samuel Arnold to use and publish the same in print and/or electronically.

I have read and understood the above.

**Support Person Signature**

|  |  |
| --- | --- |
| Name of Person  |  |
| Signature of Person  |  |
| Name of participant that they support  |  |
| Date |  |

**OR**

**Attendee Signature**

|  |  |
| --- | --- |
| Name of Attendee  |  |
| Signature of Attendee  |  |
| Date |  |