**Markshall Estate**

**The Walled Gardens at 20**

**Photography Competition**

**Consent Form**

Subject name ……………………………………………………………………..

Address …………………………………………………………………………………

………………………………………………………………………………………………….

I hereby give consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (photographer) to enter photograph(s) taken at Markshall and including me/ my child into the Markshall Estate’s The Walled Garden at 20 Photography Competition.

I agree that the photographer or licensee or assignees can use the mentioned photograph(s), taken at Markshall, either separately or together, either wholly or in part. I understand that any photographs entered into the photography competition may be used by the Markshall Estate for editorial or promotional purposes, including, but not necessarily limited to, their website, leaflets, on greetings cards and calendars.

I undertake not to prosecute or to institute proceedings, claims or demands against the photographer, their licensees, assignees, or the Markshall Estate in respect of any usage of the above-mentioned photographs.

*I have read this Photographic Consent Form carefully and I understand its meanings and implications.*

Signed …………………………………………

Date …………………………………………….

**If the subject is under 18 years of age, a parent or guardian must sign:**

Parent/ Guardian ……………………………………………………….

Date ……………………………………………………………………………..

Name of parent/ guardian ………………………………………..