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**Media consent form**

The Kidney Patient Involvement Network (KPIN) produces a range of communication resources to promote patient involvement. Sharing the experiences of real people helps to demonstrate the difference our work is making, helps to improve standards and develop patient leaders of the future.

Thank you for helping us by sharing your story and/or allowing KPIN to use your images or photographs. The following has been supplied:

Story **** Image **** Video **** Audio ****

Description: …………………………………………………………………………………………………………………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | | |
| Address |  | | |
|  |  | Postcode |  |
| Telephone |  | | |
| Email |  | | |
| DOB |  | | |

By completing this form, I agree to explicitly grant KPIN permission to use and publish a story, image, video or audio recording in which I am featured, in any medium.

This may include but is not limited to: **Presentations:** KPIN’s internal and external presentations; **Websites:** KPIN’s website; **Social media:** KPIN’s Twitter, Facebook, Instagram, LinkedIn, YouTube; **Publications:** KPIN’s leaflets, posters, newsletters and other marketing materials; **Print and online media:** National, regional and local papers, magazines and news sites; **Television and radio:** National and regional television, national, regional and local radio.

I understand that I waive the right to approve of any finished product or story copy that accompanies the image, video or audio.

I understand that if I supply directly or KPIN organise for an image, video or audio recording of myself for use, that this may be edited or altered. I understand that I do not own the copyright of the image, video or audio file.

I understand that KPIN will confirm that I am still happy for the publication of the story, image, video or audio recording prior to publication.

I understand that I may ask KPIN in writing to stop using a story, image, video or audio recording that I am featured in at any time and all future use from this point will be ceased. We will not pass the details recorded on this form on to any other organisation without your permission.

**I am happy to give my permission and agree to the above statements **

Signature Date

I certify that I am over 18 years of age and that I have the full legal right to execute this agreement 

**Please return your completed form to** [**info@KPIN.org.uk**](mailto:info@KPIN.org.uk)