



Client/Employee Photo and Video Consent Form

We would be grateful if you would fill in this form to give EQC permission to take photos and use these in our printed and online publicity.

I DO NOT give EQC Home Care Agency permission to take photographs and/or videos.

I give EQC Home Care Agency permission to take photographs and/or videos.

I grant EQC Home Care Agency full rights to use the images resulting from the photography/video filming and any reproductions or adaptations of the images for funding publicity or other purposes. This might include (but not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of Client/ Employee:		
	first Name	Last Name
Name of Parent/Guardian:		
	first and middle initial	Last Name
Signature of Client/Employee		
Date		