



The Nationwide Collective of Photographers
Creating a Tribute to UK Healthcare Workers
Portraits of the People Behind the Mask

2020 VISION PROJECT PERSONAL APPEARANCE RELEASE FORM

Date: ____ / ____ / ____

Photographer's name _____

Participant's Name: _____

Healthcare Occupation: _____

I give permission to be photographed for the 2020 Vision Project and for the final photographs and agreed story to be used for the 2020 Vision Project tribute.

I agree that the photos and information may be edited at the discretion of the photographer and will be used in whole or in part for any and all publishing, broadcasting, non-broadcasting, audio/visual, internet, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world for the 2020 Vision Project project.

Thank you, this project is a tribute to healthcare workers nationwide and all contributors will be credited for their participation.

Signature of Person Appearing: _____

Address: _____ Town/City _____

Phone: _____

Email: _____