



Media Consent Form – Projects/Events

This form must be completed before photography or filming takes place, if applicable.

Project or Event Description: *Sharing your psoriasis/ psoriatic arthritis story*

I _____ (*name*) consent to the Psoriasis Association using the content (including but not limited to images, video, text) supplied.

I understand that this content may be used in Psoriasis Association publications, websites, social media, and branding or publicity materials.

I understand that the Psoriasis Association may edit any written materials provided. These edits will be minimal, but should any significant changes be made I will be contacted prior to publication.

I understand that I can change my consent at any time by contacting the Psoriasis Association, but that action on this may not be immediate, and it may not be possible to completely withdraw content already published.

Signature:

Date:

Address:

Postcode:

Telephone Number:

Email: