



PISCES POLE STUDIO LTD

Stronger together, building confidence and community

the Pisces way!

Photo & Video Consent Form

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

PURPOSE OF THIS CONSENT

Pisces Pole Studio Ltd occasionally captures **photos and videos** during classes, workshops, events, and performances. These may be used for:

- Social media posts
- Website content
- Marketing materials
- Studio promotions
- Instructor portfolios

Your comfort and privacy are important to us. Please read the options below and select your preference.



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CONSENT OPTIONS

Please tick one:

☐ **FULL CONSENT**

I give Pisces Pole Studio Ltd permission to photograph and/or film me during classes, workshops, and studio events. I consent to the use of these images/videos for any promotional or marketing purposes, including social media, website, and printed materials.

☐ **PARTIAL CONSENT**

I consent to being photographed/filmed **only in group settings** where I am not the main focus. I do **not** consent to solo photos or videos being used.

☐ **NO CONSENT**

I do not give permission for any photos or videos of me to be used. I understand I may still appear in the background of group content, and I will inform the instructor if I prefer to be positioned out of frame.

RIGHT TO WITHDRAW CONSENT

I understand that:

- I may withdraw consent at any time by contacting the studio.
- Once content is posted online, Pisces Pole Studio Ltd cannot guarantee complete removal from third-party platforms.
- The studio will honour all future requests regarding consent changes.



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STUDENT RESPONSIBILITIES

- I will inform the instructor at the start of class if I have selected **No Consent**.
- I will avoid entering the background of others' recordings if I do not wish to be filmed.
- I will not film or photograph other students without their permission.

SIGNATURE

By signing below, I confirm that I have read and understood this Photo & Video Consent Form and have selected the option that reflects my preference.

Participant Signature: _____

Date: _____ / _____ / _____

Instructor (optional): _____