

CONSENT FORM (ADULT)

FROM: (Please print full name in BLOCK CAPITALS)

TO: STV PRODUCTIONS LIMITED, PACIFIC QUAY, GLASGOW, G51 1PQ ("STV")

1. I understand that STV is making a television programme(s) during [18/8/12] (the "Filming Period") featuring various charity fundraising events, and such programme(s) will feature, amongst other things, people participating in a dance marathon (the "Contributors"). The resulting television series has the working title "STV CHARITY APPEAL 2012" (the "Programme"). I understand that the Programme will be of a **factual entertainment** nature and is intended for initial transmission on STV and on websites associated with the business of STV.
2. I agree to be involved in the Programme as a Contributor and I hereby agree to allow STV to film and record any such contribution I make to the Programme ("my Contribution") and hereby grant to STV all rights including without limitation copyright and performers' property rights in such Contribution and hereby irrevocably waive in favour of STV, its assignees and licensees the benefit of all moral rights and performers' rights arising under the Copyright, Designs and Patents Act 1988 or similar rights arising under the laws of any jurisdiction.
3. I hereby irrevocably consent that STV and its licensees / assignees may use and edit all or any part of my Contribution, and may show the recording of my Contribution in the UK and throughout the world in perpetuity on terrestrial, cable or satellite television, video/dvd and on the internet (including but not limited to on the website of the Programme's sponsor (if any)) or any other media in connection with the Programme and/or its promotion, or any future version of the Programme (or subsequent programmes on substantially the same subject) with no fee payable to me.
4. I hereby agree that STV and its assignees can edit my Contribution as it requires provided that it will not intentionally distort or misrepresent my Contribution.
5. I hereby agree and warrant and represent to STV that:-
 - 5.1 the personal details I have disclosed in my Contribution and in this form are correct, **including (but not limited to) any medical details, history or information that STV have required me to disclose**, and I have not misled, and will not mislead, STV regarding my identity or about any other facts or information provided by me, including but not limited to any details relating to my suitability as a Contributor;
 - 5.2 to the best of my knowledge, my Contribution or any part of it will not be defamatory or untruthful;
 - 5.3 I will indemnify STV against any loss or harm it suffers as a direct result of any breach by me of this paragraph 5; and
 - 5.4 I am aware that this is a legal document which is dealing with consent to use my personal data, and that it will affect my rights under the Data Protection Act 1998 and I have been advised by STV to seek independent legal advice in the event that I do not understand the legal implications of signing this document.
6. I understand that STV will only use the personal details I provide to them as part of my Contribution for the purpose of the production, promotion, transmission or distribution of the Programme.
7. **I understand that providing my Contribution will potentially require me to undertake certain physical tasks or exercise and I hereby confirm that I have had the various tasks involved fully explained to me and that I perform these entirely voluntarily and at my own risk. I accept that STV shall have no liability to me in respect of any ill-effect, pain, discomfort or other loss suffered by me in the course of providing my Contribution, except where such ill-effect, pain, discomfort or other loss is caused by the negligent act or omission of STV.**

CONSENT FORM (ADULT – PARTICIPANT)

8. I understand that if I have any queries about my Contribution or its use in the Programme, or about my participation in general – either before, during, or after the Filming Period - I may contact STV at the above address through Ruth Sangster.
9. This consent shall be governed and interpreted in accordance with Scots Law.

By signing both copies of this form (one to be retained by me for my records) I agree that I have read and fully understood the terms of this consent form.

Signed: Date:

Place of Signing (town/city):

Home Address:

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PARTICIPANT NAME: _____

Please let us know if you suffer from any of the following medical conditions and, if so, provide more detail in the space provided:

Epilepsy _____

Diabetes _____

Asthma _____

Allergies _____

Any other relevant condition/injury which
may restrict your physical activity _____

None of the above