**Landmark Theatres Ignite Participation Form**

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| **Name** |  |
| **Date of Birth** |  |
| **Contact Number** |  |
| **Email** |  |

**About You**

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| Please tell us a little bit about yourself and why you would like to take part in Landmark Theatres Ignite programme. Although you will not be needing any previous experience to join us, it would be great to know if you have any relevant skills and what your interests and hobbies are (300 words max.) |
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**Emergency Contact Details**

|  |  |
| --- | --- |
| **Contact Name** |  |
| **Relationship to Participant** |  |
| **Contact Number** |  |

**Details of and medical conditions or additional needs**

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**Photo and Video Consent**

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| We may **photograph**, **film** or **record** participants when taking part in an activity with Landmark Theatres.  Images or videos of participants may be shared via our websites, social media, in publicity material, in the local and/or national press and with our funders and/or partners. We may provide your name as part of this process.  Please select whether or not you consent to having Landmark Theatres photograph, film or record your participation:  I give Landmark Theatres consent  I **DO NOT** give Landmark Theatres consent | | | |
| **Signature** |  | **Date** |  |

**Please return to** [**Sonny.Nwachukwu@landmarktheatres.co.uk**](mailto:Sonny.Nwachukwu@landmarktheatres.co.uk)