



## Parental Photo Consent Form for Children/Minors

Date and Time of Event: \_\_\_\_\_

Name of Event & Event Location: \_\_\_\_\_

Event Coordinator Name and Phone Number: \_\_\_\_\_

We recognize the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization.

As your child will be taking part in the event specified above, we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as

- a social media posts
- publicity material for further activities or events on leaflets/websites/magazines
- advertising to promote our organization
- illustrations of the activities or events in published articles

We will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform us immediately.

**I consent to having my child photographed or recorded for this event.**

Child's Name: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Parent or Legal Guardian's Signature and Date: \_\_\_\_\_

**(Optional) Consent of a Second Parent or Legal Guardian**

Parent or Legal Guardian's Name: \_\_\_\_\_

Parent or Legal Guardian's Signature and Date: \_\_\_\_\_