

Photography Release Consent Form Individual

Date:

Event:

Details: -

I give Community Services consent to use my photograph or my child's photograph (if under 18 years of age) for public relations/fundraising purposes (i.e. Community Services website, social media, Community Services Annual Report, Community Services Displays).

I understand that my participation in the above name activity is strictly voluntary and my photograph(s) will be used only for the purpose(s) for which I have consented.

I understand that I can withdraw my consent at any time for any future printed publications.

Signature of Photographed

Photographed / Printed

Staff Signature

Date

I am withdrawing my consent

Signature of Photographed

Photographed Name / Printed

Staff Signature

Date