



## Photographic/ Media Consent Form for Children

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

I (print name) \_\_\_\_\_, give permission for my child(ren) to appear in photographs and/or video taken at the above event, to be used for publicity purposes, including social media.

I give consent for my child/children's full name to be used in social media notices Yes [ ] No [ ]

I understand that my child/children's picture, name and/or age may appear in such publicity material.

Child's Name:  
(Please print) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Relation to Child(ren) (ie. Parent/Guardian) \_\_\_\_\_