

PHOTOGRAPHY PERMISSION FORM

**FILLING THE GAP**

REPLACE WITH EVENT DATE

**REPLACE WITH YOUR PROJECT NAME**

**Notes:**

Please note that during the course of the FILLING THE GAP event listed above we will be taking photographs of our activities for the purpose of publicity for future events and for information on our website/social media.

Name of Child		Date of Birth	
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**Consent (please strike out the appropriate line)**

I am happy for my child to be photographed for the purposes listed above

I do not want my child to be photographed.

Signed: \_\_\_\_\_ (parent/guardian)

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



One registration form per child