

Photography Consent Form

I give permission to take photographs of me/my child* (delete as necessary) and grant Stevenage Community Trust full rights to use the images resulting from the photography, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help to achieve the organisations aims. This may include, but is not limited to, the right to use them in any printed and online publicity, social media, press releases and funding applications.

Name

Signature Date.....

OR

Name of child

Name of parent/guardian

Signature of parent/guardian Date.....

To view our Privacy Policy, please visit <https://www.stevenagecommunitytrust.org/privacy-policy>