

# Photography Consent Form

To be completed by individual(s) (parents/guardians if subject is less than 18 years of age) who appear in any photographs taken.

On behalf of Physiopedia I, [name of photographer.....], would like to take your photograph for promotional purposes. These images may be used in Physiopedia publications or on the Physiopedia website.

## **Person(s) in photograph**

I agree to allow [name of photographer.....] to take photographs of me and grant permission for these to be used by Physiopedia to promote Physiopedia in publications, press articles, promotional material and websites.

Name (please print): .....

Contact email address or telephone number: .....

Signed:.....

Date: .....

## **Permission of parent/guardian if person photographed is less than 18 years of age**

I agree to allow [name of photographer.....] to take photographs of the child(ren) in my charge and grant permission for these to be used by Physiopedia to promote Physiopedia in publications, press articles, promotional material and websites.

Name of child (please print): .....

Parent/Guardian name (please print): .....

Contact email address or telephone number:.....

Signed: .....

Date: .....