**Photo Consent Form PDF**

**Section 1: Participant Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Address: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Email: \_\_\_\_\_\_\_\_\_\_\_\_**

**Section 2: Consent Declaration**

* **[Checkbox] I hereby grant permission to [Organization's Name] to use my photographs.**
* **Purpose of Use: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Duration of Use: \_\_\_\_\_\_\_\_\_\_\_\_**

**Section 3: Signature**

* **Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Section 4: Witness (if applicable)**

* **Witness's Name: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Witness's Signature: \_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Addendum:** Include a table for additional details if necessary.