



Photo Consent Form

We would be grateful if you would fill in this form to give us permission to take photos of you and/or your child, and use these in our printed and online publicity.

Photo Description

Photo Reference

“In signing this form, I grant Lochfield Park Housing Association Limited full rights to use the images resulting from the photography, and any reproductions or adaptations of the images, in the Associations media which includes; newsletters, publications, leaflets, posters, website and social media.”

For persons over 16 years old	For children under 16 years old
Name of person(s) in photograph	Name of Child/Children in photograph
.....
Contact Details	Name & Contact Details of Parent/Guardian
Name.....	Name.....
Address:.....	Address:.....
.....
Tel No:	Tel No:
Mobile No:.....	Mobile No:.....
Email:	Email:
Declaration	Declaration
Signature.....	<i>“I am the father, mother or duly appointed guardian of the above-named child with full parental rights and authority.”</i> Signature.....
Date.....	Date.....

We will not use the images taken, or any other information that you provide, for any other purpose.

Your permission may be withdrawn at any time.