## Fantastic Face Paints

## Photographic consent form

Name of Child		
Name of parent/guar	rdian	
Contact tel. no.		
Location of Photogra	phy	
Date of photography	•	
Name of organisation requesting consent	1	Fantastic Face Paints
We would like to take for promotional purp	-	lm and/or comments of you/your child (as applicable) as a record of the day and
		ur website, social media and email newsletter, in our printed materials produced ding leaflets, posters and advert, in materials sent out to the media, or in reports
_	. Please no	mail or postal addresses, or telephone or fax numbers on our website or in te that websites can be seen throughout the world, and not just in the United.
To comply with the Dyour/your child.	Oata Protec	tion Act 1998, we need your permission before we take any photographs/film of
Please answer the qu	iestions be	low, then sign and date the form as indicated.
Conditions of use		
-We will not include materials or other ma	photograpl personal d arketing/ p	ns/film for any other purposes than those mentioned above etails (such as postal addresses or telephone numbers) on our website, printed romotional materials.  In will remain with the organisation name above
Do you give perr	nission	Yes No
*your signature:		
*Your Name:		
*Today's date:		

• I am 18 years or older. If you are under 18 this form needs to be completed by a parent or guardian