



## PHOTOGRAPH/VIDEO CONSENT FORM

Dear Parent/Guardian

I would be grateful if you could sign the form below. In the future it may be required to photograph/video lessons or performances for publicity and show galleries..

The photographs/videos may be used in any of the media used by **RESIDANCE Studios** for promotion including newsletters, leaflets, posters and the RESIDANCE Studios website.

Any photographs/videos taken will be used **only** to promote RESIDANCE Studios.

If at any time you wish your photo/video to be deleted, please contact myself.

Email: [residance\\_studios@hotmail.com](mailto:residance_studios@hotmail.com) Website: <http://residance.wixsite.com/residancestudios>

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### Consent for use of photos/videos

Name of child:

I am the legal parent/guardian of the child above and I give permission for my child to be photographed/filmed for the following uses:

**Media identified by RESIDANCE Studios, future RESIDANCE Studios publicity, including posters, flyers, adverts, and the RESIDANCE Studios websites.**

I confirm that I have read the letter attached to this permission form and understand the proposed uses for the photographs/videos. I understand that I can withdraw the photo/video at any time by contacting the RESIDANCE Studios Principal Rachael Stewart.

I understand that there will be no payment for my child's participation.

Signature of parent/guardian:

Name of parent/guardian (block capitals):

Address:

Date:

