



Photo / Video Consent Form

We would be grateful if you would fill in this form to give us permission to take and to use images and video footage of you and/or your child/ward in our printed and online publicity.

Use will be subject to the following conditions

- Use will only be by Alpaca Kisses and only for promoting Alpaca Kisses services
- Representations of the context will be honest
- Subjects are to be presented in a dignified and respectful manner
- If files are being transferred by Alpaca Kisses electronically the file label will not reveal any identifying information
- Additional conditions/restrictions stipulated by the signee

DECLARATION

I give permission for Alpaca Kisses (or it's agent) to take photos and video footage of myself and/or my child/ward during the below stated function/event.

I give permission for Alpaca Kisses to use function/event related images in which I and/or my child/ward appear (regardless of source), to be used by Alpaca Kisses for marketing purposes.

I note that this may include use in print and electronic media, including but not limited to third party social media websites (such as YouTube, Twitter and Facebook), newspapers, magazines, brochures, television advertisements, promotional videos, websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes.

I have read and understand this notice, and consent to the collection, use and disclosure of my image, as outlined.

Event Description: Venue: Date:

Name: Shirt colour on day: Contact:

I allow my first name to be used in association with the images or recordings (*please circle*) YES / NO

Signature: Date:

I declare that I am the parent/legal guardian of the following child or children or holder of authorised substituted decision-making responsibility for the following person/s and consent to the collection, use and disclosure of their image, as outlined:

Child Name: Age: Shirt Colour:

Child Name: Age: Shirt Colour:

Child Name: Age: Shirt Colour:

I allow subject first names to be used in association with the images or recordings (*please circle*) YES / NO

Parent/Guardian Name:

Signed..... Date: