

Photo Consent Form

I,	, give consent for
to be	photographed or videotaped by the Type 1 Foundation during [Event/Activity Name] organised by the charity. I understand and agree to the
follow	ring:
1.	Use of Photos/Videos: I grant the Type 1 Foundation the right to use any photographs, video footage, or likenesses of my child taken during the event/activity for promotional, advertising, and fundraising purposes. This includes, but is not limited to, use on the charity's website, social media platforms, newsletters, brochures, and other marketing materials.
2.	Release of Liability: I release the Type 1 Foundation, its directors, officers, employees, volunteers, and associates from any liability, claims, demands, actions, or causes of action arising out of the use of my child's photographs, video footage, or likenesses as described in this consent form.
3.	Use of Child's Name: I understand that the Type 1 Foundation may use my child's name in conjunction with the photographs, video footage, or likenesses for identification purposes when necessary.
4.	Expiration of Consent: This consent form remains valid until [Date], at which point a new consent form will need to be completed.
entire to be that th	gning below, I acknowledge that I have read and understand this photo consent form in its ty. I give consent for [Child's Full Name] photographed or videotaped by the Type 1 Foundation as outlined in this form. I understand his consent is voluntary and that I may revoke it at any time by providing written notice to the 1 Foundation.
Paren	t/Guardian's Name:
Paren	t/Guardian's Signature:
Date:	