

PORTRAIT PARTIES CONFIDENTIALITY/CONSENT FORM

This form must be completed in full and returned to us before or on the day of the party for all children aged 17 and under. Any children without a completed form will not be able to have their photograph taken on the day due to child protection.

Party Date

Party Time

Party Host

Parents/Guardians Full Name

Address

Telephone Number.....

Email Address

Childs Full Name

Address (if different from above)

I do/do not give permission for my child to be photographed please sign and date
(please delete as appropriate)

Name in full Mr/Mrs/Ms/Miss Surname

Signature Date.....

All our party images are placed on a password protected website for you to view/order
Please can you advise us if your child is to be excluded for any reason.

I do/do not give permission for my child to go on the website.

Name in full Mr/Mrs/Ms/Miss Surname

Signature Date.....

We own the copyright of the images taken and use a selection of them for advertising and display in the studio.
Please advise us if you are happy for us to use your child's images.

I do/do not give permission for my child's images to be used for advertising.

Name in full Mr/Mrs/Ms/Miss Surname

Signature Date.....

THIS FORM MUST BE COMPLETED IN FULL

Please send this form to Capture Photography, 47 Bolton Brow, Sowerby Bridge, West Yorkshire, HX6 2AL.
Alternatively you can scan and email your completed, signed form to info@choosecapture.co.uk