

**Capture The Smile Photography**  
**Christening Consent Form**

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Of Christening: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Venue: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Capture The Smile Photography offer two sections for this session. Please tick all options you would like to take advantage of:

Ceremony

After Party

Please tick all statements that you agree to:

I agree to allow Capture The Smile Photography to photograph/ record myself/ relatives/ friends.

I agree that Capture The Smile Photography have the right to publish all pictures/ recordings to their website/ Facebook page/ printed portfolio for advertising purposes.

I agree to pay £\_\_\_\_\_ for this session which will take place on the date specified above. All photographs and recordings will then be placed onto a disk and sent to my home address by the Royal Mail. All disks sent out will need a signature on arrival.

I agree that all information that I have presented on this form is correct.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_