

Capture The Smile Photography
Family Portrait Consent Form

Name: _____ Date Of Birth: _____

Address: _____

_____ Post Code: _____

Email: _____ Phone Number: _____

How Many People are being photographed? _____ Date Of Session: _____

Please tick all statements that you agree to:

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

If anyone having the photograph taken is under 16 years of age, I agree that I am the parent/ guardian of the child and that I have signed the parental consent section of this form.

I agree that Capture The Smile Photography have the right to publish all pictures 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: _____

Parent Consent For Under 16 Years Of Age:

I am the parent/ guardian of: Child 1: _____ Date Of Birth: _____

Child 2: _____ Date Of Birth: _____

Child 3: _____ Date Of Birth: _____

I agree to allow Capture The Smile Photography to take pictures of my child.

Signed: _____ Dated: _____