

**Capture The Smile Photography**  
**Wedding Consent Form**

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

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

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

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

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

Address Of Venue: \_\_\_\_\_

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

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

- Bride Preparation\*       Ceremony       First Dance       Cake Cutting  
 After Party

\*Bride preparation is excluded from recordings.

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: \_\_\_\_\_