Form of written consent for a child to appear on a photograph

I, (adult’s name) consent to the photographic image taken on

of (child’s name) by (photographer) being uploaded to the Bishop’s Waltham 2020 Vision website.

I, (child’s name) consent to the photographic image taken of me being uploaded to the Bishop’s Waltham 2020 Vision website.

We to the display of the electronic image on the Bishop’s Waltham 2020 Vision website and if selected, a photographic copy being published and displayed in public exhibition following Bishop’s Waltham 2020 Vision’s collection period.

We to Bishop’s Waltham 2020 Vision securely storing the electronic image and at the conclusion of the project, passing this image and this permission to Bishop’s Waltham Museum Trust, and deleting their own record.

We to Bishop’s Waltham Museum Trust storing the image permanently as a historical resource with a paper copy of this consent and to any future publication by the Museum on their website; in exhibitions, books, journals or other paper copies, or public performances authorised by them.

We for a copy to be deposited with Hampshire Record Office.

Signed …………………………………………

Relationship to child

Date

Please give a means of contact which we can use in case of any queries. This will not be used for any other purpose.

Telephone number, email or address

**This form must be filled in, printed and signed then   
scanned and uploaded with your photo** [**www.bishopswaltham2020vision.co.uk/upload**](http://www.bishopswaltham2020vision.co.uk/upload)