Photographer under 18 consent

**Name of child**

[ ]  I have explained (or the child has read) and we agree to obey the guidelines of Bishop’s Waltham 2020 Vision.

[ ]  I have supervised the upload of this image.

**Name of parent or other responsible person:**

**Signed:** …………………………………………

**Date:**

**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)