



Photographic Consent & Release Form

I do hereby consent and agree that **Opening the Doors Foundation** has the right to use photographs, media cuttings and/or stories that I provide of my child/children:

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and to use these in any and all media including online, now or hereafter known, and for any purpose whatsoever. I understand that this use will be anonymous.

I do hereby release to the **Opening the Doors Foundation** all rights to exhibit this work in print and electronic form publicly. I waive any rights, claims or interest that I may have to control the use of my children's likeness in the photographs. I agree that any use of the images I provide may be made without compensation or additional consideration of me.

I represent that I am the parent/guardian of the children, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian's
Name _____

Date _____

Address _____

Phone _____

Postcode _____

Signature _____