

Hamilton Food Literacy Network

Consent for the Use of Photographic Images

I hereby give permission to Hamilton Food Literacy Network (Network) to photograph and record me and/or my child/ward's image on still photographs, photographic slides, video tape or digital media and to use this material for promoting events or activities of the Network to other service providers and members of our community.

I understand that I reserve the right to withdraw my permission at any time.

I, on my own behalf:

- Give my permission as set out above _____ (*please initial*)
- DO NOT give my permission as set out above _____ (*please initial*)

Print Name

Signature

Date

I, on behalf of my child/ward:

- Give my permission as set out above _____ (*please initial*)
- DO NOT give my permission as set out above _____ (*please initial*)

Name of child/ward (if applicable)

Birthdate

Relationship to child/ward (if applicable)

Parent/Guardian Name

Parent/Guardian Signature

Date