

Consent form

Thank you for choosing Your Name Photography. We would greatly appreciate you filling out this form to get an understanding of how and where we are permitted to use the photographs that were taken during your photo session . Thank you!

Name: _____ Session date: _____

I HEREBY GIVE PERMISSION FOR:

Posting our photographs on:	Facebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No for kids under 18
	Instagram	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No for kids under 18
	Website	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No for kids under 18
	Blog	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No for kids under 18
	Newsletter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No for kids under 18

Mentioning our names along with the photographs: ☐ Yes ☐ No

Use of our photographs for promoting new sessions: ☐ Yes ☐ No

Additional comments:

I consent to the use of my photographs as indicated by me on this form and I understand I can always revoke the consent by contacting Your Name Photography in writing.

Signed: _____ Date: ____/____/____