



IMAGE RELEASE FORM

I, (Name)

of (Address)

(Postcode)

, being the legal guardian of (child's name)

, hereby give my permission to CFA to use the photographic / video

images taken of them today (Date)

in promoting the work of CFA.

I understand that their image may be released to other organisations

in order to further promote CFA's work.

I also understand that I will not be paid for the use of their image.

Signed:

Date:

Contact Phone No: