

4AL Consent Form



Parent/Guardian name:

Child's Name:

Contact Number:

Community Name: 4AL (All Abilities Action Alliance Louth)

Consent

I give 4AL consent for my photo to be taken and/or video footage to be taken of me for the purposes of:

1. Documenting the 4AL event/activity/project being carried out.
2. Promotion of the 4AL community through the website, social media, music platforms.
3. In all 4AL publicity including posters & flyers and in any and all press releases (both local and national papers where applicable).
4. Storing and using images and footage for archival purposes for reports in relation to 4AL and in relation to the work of the 4AL community including website, reports, media and/or social media channels.

Signed _____ Date: _____

If participant is under 18 parental consent is required:

_____ Date: _____