



# PHOTO CONSENT FORM

## OPERATION FULL CIRCLE

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Subject's Full Name (print): \_\_\_\_\_

Parent/Guardian Full Name (print): \_\_\_\_\_

I, the undersigned, hereby grant permission to *Operation Full Circle* to take and use photographs, digital images, or video footage of my child for the following purposes (check all that apply):

- ☐ Promotional materials (flyers, brochures, posters)
- ☐ Social media
- ☐ Website
- ☐ Educational or training materials
- ☐ News or media publications
- ☐ Other (please specify): \_\_\_\_\_

These materials may be used in printed and digital formats, and I understand they may be seen by the public.

I understand that:

- The images will be used only for lawful purposes.
- I will not receive payment or royalties for the use of these images.
- I may withdraw my consent at any time by providing written notice.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_