

Parental Consent Form

I/We
Name(s)_____

of
Address_____

_____ hereby authorise the use of the photographs of my child/children (insert names)....., taken at the wedding of, by the photographer John Jenkins and his assistant Sally Bray. I/We understand that the photographs will only be used for legitimate commercial purposes. This would include but may not be restricted to, photographic reproduction sales, stock photography sales, web site promotion and general business promotion. We understand that all photographs remain the property of John Jenkins.

Signed

Signed

Print Name_____

Print Name_____

Dated_____