**CONSENT TO USE PHOTOGRAPHS**(Individuals)

|  |  |
| --- | --- |
| **Full name of Individual** |  |
| **Age (if under 18)** |  | Parent/Guardian must sign form if individual is under 18 |
| **Use of photographs***Add any specific uses in this section.* *If appropriate delete one of both of the uses listed here.* | Promotion of the work of the South Eastern Baptist Association Promotion of Home Mission |
|  |  |
| I give consent for the photographs taken of me to be used for the purposes indicated above. **OR**I give consent for the photographs taken of the child named above to be used for the purposes indicated above.*(Please delete one of the above paragraphs as appropriate)*I understand that pictures may be used on the SEBA website or in any printed material produced by them. |
| **Signature** | **Full Name, address, phone and/or email address** |
|  |  |
| If signing for someone under 18 please give capacity in which you are signing (e.g. parent) |  |