



**Worcestershire Council for
Voluntary Youth Services**

**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A CHILD /YOUNG PERSON FOR
NON-PROFIT USE**

(e.g.: educational, public service or health awareness purposes)

Name of child/young person:

I, _____, hereby consent to the participation
(Parent or Guardian's Name)

in interviews, the use of quotes, and the taking of photographs, movies or video tapes of
my son/daughter _____.

I also grant to Worcestershire Council for Voluntary Youth Service the right to edit, use and
reuse said products for non-profit purposes.



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