

VBC PICTURE CONSENT FORM
2017

I understand that still and/or video cameras may be used during many of the activities and may be used in future publications and/or for advertising. **No names will be used.**

I, as the parent/legal guardian of _____ (child/ren)
DO hereby grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc 2016 VBC Program.

Parent/Guardian Signature

____/____/____
Date

- OR -

I, as the parent/legal guardian of _____ (child/ren)
DO NOT grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc 2016 VBC Program.

Parent/Guardian Signature

____/____/____
Date