



Photo Permission Form for Minors

I, _____, give Shannon Family Resource Centre Ltd permission to record the image of the minor named below and I grant SHANNON RESOURCE CENTRE Ltd all rights to use these images in any medium print or digital for Educational, Promotional, Advertising or Other Purposes that support the Mission of SHANNON RESOURCE CENTRE LTD.

Child's Name: _____

Parent / Guardian's Name: _____

Parent / Guardian's Signature: _____

Date: _____