

# SHUHARI KAI KARATE CLUB

## **Photo Permission Form**

Dear Parent / Guardian

While caring for your child we may sometimes wish to take photographs to share with you, use in our promotional literature, paste onto our website or send to local or national press. We would like your permission to do this.

**Name of Child:**

I / We are the parents / legal guardians of the child named above and I / We give permission for my / our child to be photographed by the appointed photographer for Shuhari-Kai for the following reasons.

- For the association / clubs promotional literature.
- For the association / clubs website.
- For publications to local and national papers.
- Clubs publicity or display.

**Name of parent / guardian:**

**Address:**

**Home Telephone Number:**

**Mobile number:**

**Signature of Parent/guardian:**

X

**Date:**

I/ We understand that there will be no payment for my / our child's participation.