



CLIENT CONSENT FOR PHOTOGRAPHS

I, _____
Address _____
_____ Postcode _____

Contact Number: _____

Give my consent for photographs or videos taken by Allinda's Care & Companion Service and agree they may be used for promotional purposes.

Signed: _____

Date: ___/___/___

I will be given the opportunity to purchase any photos take of me whilst participating in an activity with Allinda's Care & Companion Service