



**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