



PUBLICITY CONSENT FORM

Name of child:

I _____ DO give permission for photographs of my child to be taken during their Dreamz4u experience and understand that these photographs and any relevant information may be used to publicise Dreamz4u. This may be in printed format or on the Dreamz4u website.

OR

I _____ DO NOT allow photographs of my child to be used to publicise Dreamz4u.

Name of parent/guardian/child* (please print):

Signature: _____

Date: _____

*If a child is over 16 years of age they must fill out this from themselves.

This consent form will allow Dreamz4u to use any photographs for a period of up to six months from the date of your child's dream. If we wish to use any information or photographs relating to your child's dream after six months have elapsed we will contact you to ask for permission.

I can confirm that we are not in the process of having this dream fulfilled by any other charity

Signature: _____