

# Photography Video Release Form

I give permission for HBLN/HEWA to use photography/video of myself or child(ren) for HBLN/HEWA publications and at other HBLN organised events.

Children(s) Name: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_