## Queensferry Care



Connecting people with their Community

Photography consent form		
Name		
Address		
QCCC use photographs in many ways to ensure that people are aware we us		
I hereby grant QCCC the right to use a groups, without limitation, within:	ıny photographs taken whils	t engaging in any of the
Any printed publications, e.g., newspa evaluations for funders	per, promotional materials,	
Any electronic publications, e.g., news QCCC website, Facebook, Instagram,		
(newsletters and annual reports are in prin	ted and electronic format)	
I am aware that I can exercise my righ	t to withdraw the use of my i	mage at any time hereafter.
Signature		
Date		
If this form needs to be signed on beho a third party that has Power of Attorne		ve, it can only be signed by
Name (please print)		
Address		
Please confirm you have Power of Attorney	Yes	No
Signature		
Date		