

# Art Exhibition Photo Consent Form

Full Name

Email Address

Phone Number

Name of Art Exhibition/Event

Date of Event

Consent Statement

I hereby give my consent to be photographed during the above-mentioned art exhibition. I understand that these images may be used for purposes related to the promotion of the event, on websites, social media, printed materials, and other media.

☐

I have read and understood the consent statement.

Additional Notes or Restrictions

Signature

Date

For Minors (Under 18): Parent/Guardian Consent

Parent/Guardian Name

Parent/Guardian Signature

Date

