

Underwater Photography Consent Form

Participant Information

Full Name

Date of Birth

Address

Event/Session Details

Session/Event Name

Date

Consent Details

☐ I consent to underwater photographs being taken of me during the session.

☐ I allow the photos to be used for promotional and educational purposes.

☐ I agree to be identified in the photos.

Additional Terms or Restrictions

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date