

# Art Gallery Visitor Photo Consent Form

Full Name

Email Address

I consent to the use of photographs taken of me during my visit to the gallery for promotional or archival purposes by the gallery.

I understand that these photographs may be used in print and digital media, including but not limited to social media, websites, exhibitions, and publications. I acknowledge that my participation is voluntary and that I will not receive compensation for the use of these images.

Signature

Date

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## If under 18 years old

Parent/Guardian Name

Parent/Guardian Signature

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