Art Gallery Guest Consent Form

Guest Information

Full Name
Email Address
Phone Number
Consent
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I consent to participate in events or activities held by the gallery.
Leanant to hains photographed and/or filmed during my visit
I consent to being photographed and/or filmed during my visit.
I consent to the use of my image and likeness for promotional purposes.
Comments or Restrictions
Agreement
Signature
Cignature
Date