**Photographic Release Form**

Name of Son or Daughter………………………………………………………………

who is participating in a residential visit to Kent Mountain Centre

I ……………………………………………………..hereby give Kent County Council Youth Service and those staff who act on behalf of this organisation, the right and permission to use, reuse and/or publish photographic material of my son/daughter whilst participating in this visit. Photographs may be stored electronically.

I further agree that those who act on behalf of Kent County Council Youth Service may use these photographs for any promotional, educational or internal recruiting purposes, without any limitation, reservation, or compensation.

Parent/Guardian signature………………………………………………………………

Date………………………………………….