



**Creative Ireland Wexford, Wexford Arts Office, Carricklawn Wexford.
Tel: 053-9196440**

Permission to use your photograph.

Please confirm if you give your permission for you/your child to be named and the image/video in which you/your child feature to be used by:

- Creative Ireland Wexford social media channels, websites, reports, and/or media;
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I understand that, in the event that I subsequently wish to withdraw consent to the future use of the image and/or my name, this may be done by writing to foi@wexfordcoco.ie and/or creativeireland@tcagsm.gov.ie

Name _____

Signature and date: _____

If participant is under 18, parental consent is required:

I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms. PARENT/LEGAL GUARDIAN NAME (BLOCK CAPITALS) Signature and Date:

Signature of Parent: _____ Date: _____