



Rachel Love Studio

EST. 2020

PHOTOGRAPHY CONSENT FORM

In Rachel Love's Studio, we like to celebrate you and/or your child's hard work and achievements. As a result, images/videos of you and/or your child may appear on our Social Media and/or Website.

I, _____
(PRINT NAME) you/parent/guardian

of _____
(PRINT NAME) you/child

hereby: grant permission / do not grant permission
(circle)

to Rachel Love Studio to take and use photographs and/or videos of myself and/or my child for use on their Social Media and/or Website for the duration of my/their time within the Studio.

I fully understand the terms and conditions under this agreement.

SIGNED: _____ you/parent/guardian

DATE: _____

For inquiries, contact Rachel Love Studio
845 238 7438 / rachellovestudio@gmail.com

