

Form: Subject Consent*

To be completed by each individual (along with parent/guardian if subject is a minor) before his or her photograph is taken.

Person(s) to be photographed:

I, _____ (full name of person to be photographed—please print) give _____ (full name of photographer) permission to take my photograph and the right to use these photograph(s) for all purposes related to the Picturing Resilience Intervention project. Such uses may include, but may not be limited to, the right to use my photographs in any print materials, websites, or public exhibits related to the project.

My Address: _____

My Email Address (if requesting digital copy): _____

I am 18 years or older I am under 18

Yes, I would like a copy of any photo taken of me, in o hard copy or o digital format.

No, I don't need a copy.

Signature: _____ Date: _____

IMPORTANT: the **parent/guardian** of anyone under 18 years old **MUST** complete the following:

Parent/Guardian Name (please print): _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

* Adapted from Metropolitan Area Planning Council (n.d.)