



Volunteer Consent for Photo Taking

Full Name of Volunteer: _____

Parent(s) of Participant (if under 18): _____

Guardian(s) of Volunteer if applicable: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Waskasoo Environmental Educational Society is requesting permission to take photographs, on occasion, and use them for the Volunteer Recognition Program.

**I hereby authorize and give full permission to
Waskasoo Environmental Educational Society to photograph me.**

Signature of Participant

Date

Signature of Parent(s)/Guardian(s)

Date

Witness

Date