



# m om g nh

h O©ti" § A & B x§{ | xrα the "©ti" § thxt -̄ it- 3" - ye-t\_

Option A: I am over the age of 18, am **consenting for myself and** understand why my consent is being sought and how my story/photo/video recording could be used.

Option B : I am over the age of 18, am **consenting for a child, children or group in my care** and understand why my consent is being sought and how their story/photo/video recording could be used.

I hereby consent to the World Association of Girl Guides and Girl Scouts and its approved partners around the world making use of my/the child(ren)/group in my care's photo/story/video recording in its charitable communications activities of all kinds, including marketing materials, media and press materials, reports, website and social media sites. I also consent for World Association of Girl Guides and Girl Scouts to store my personal information below in case they need to contact me in the future about my photo/story/video recording or that of the child(ren)/ group for whom I am the parent or guardian.

omAn k omh  or any other affirmative mark

nA h



o A o A\* indicates mandatory field

First name, surname,(and group name if relevant*:	
Relationship to child or group if consenting on their behalf e.g. Teacher	
Contact number*:	
Email address*:	

o A ihAgi mhkFA mA m o A kA \* if consented on their behalf.

Child's first name and surname*	Child's date of birth (or age if unknown)*

**mhh hp** (for any additional, relevant information to be recorded including preference for anonymity, corresponding mage file number/name, any protection concerns, and a suggested alternative name (if appropriate).