

PHOTO CONSENT FORM

The Water Well Project facilitates health education sessions for migrant, refugee, and asylum seeker communities. If the group agrees, we would like to take some photos of today's session. The photos may be used on our website, social media, reports to funding bodies, and/or in other communications.

Name of community group: _____

Date of session: _____

Name of Water Well Project facilitator: _____

By signing this form, I confirm that:

- The session participants have given verbal consent for this photo to be taken.
- I have given participants the opportunity to not be in the photo.
- I have told the group that the photo may be used on the website, social media, and in other communications, and they agreed to this.

Signed: _____

Name: _____

Position: _____