

Dear parent/guardian,

**Consent for K-Zone to Publish Photographs**

This form is to permit photographs of your child to be published in a future issue of K-Zone magazine and/or on the K-Zone website (www.kzone.com.au).

We assure you that these photographs will be used in a responsible and positive manner.

I \_\_\_\_\_ (please print parent/guardian's name) permit photographs of my son/daughter (please specify), whose name is \_\_\_\_\_ (please print child's name) to be used in a future issue of K-Zone magazine and/or on the K-Zone website.

Signature of parent/guardian \_\_\_\_\_ Dated \_\_\_\_\_