



Studio 203  
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**Permission to be video/audio taped and/or photographed  
during Inner City Angels artist visit**

*(to be completed by parent/guardian)*

I give consent for my/our child \_\_\_\_\_  
(please print name of child)

to be photographed, filmed and/or video/audio taped at (school or other venue)

\_\_\_\_\_.

The photographs and/or video are intended for future promotional and educational purposes for Inner City Angels and the TDSB.

Name of Parent or Guardian \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please ensure each child in your program has permission to be photographed before proceeding.  
Please return these signed media waivers to ICA.