



Please return to~
Inner City Angels
10 Clueson Park
Toronto ON M8Y 2C3
Phone 416-598-0242
www.innercityangels.ca
innercityangels@mac.com

**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.