

Highlands LLEN

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**CONSENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(please print full name)**

confirm that I am the parent/guardian of

**(name of young person)**

and I consent to his/her photograph and details being used and distributed, if required, for the purpose of promotional use only and not for profit on behalf of the Highlands Local Learning and Employment Network Inc (Highlands LLEN).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signed)**

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