



# STEPHANIE HARRISON EMPOWERMENT

Child's Name .....

By signing this form I give permission for my child / children to have their photograph on Archie's Adventures Webpage. I also give permission for my child's / children's photograph to be used on Archie's Adventures Instagram Page, Stephanie Harrison Empowerment Facebook and Instagram pages for promotional purposes regarding Archie's Adventures book series.

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Signed

.....

Relationship to child

.....

Date

Please indicate the name to be used to refer to the child (this does not need to be the child's real name)

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