

Time Together Supervised Visitation & Exchange Center
Photograph Consent Form
(custodial parent only)

Name of Custodial Parent: *(print)*:

As a participant in Time Together Supervised Visitation and Exchange Centers, I hereby

- give
- do not give

My consent to: *(visiting parent)*

To take photograph(s) of my child(ren) during the supervised visitation at Time Together.

Child(ren)'s Name	Date of Birth
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If consent for photographs is NOT given, please indicate why: _____

Signature of parent

Date