

PHOTOGRAPHIC CONSENT FORM

EVENT: _____

DATE: _____

I declare that I give permission for my photograph to be used by the City of Kalamunda for promotional purposes in the following mediums:

- ✓ Media (local and State)
- ✓ Kalamunda comments (City newsletter)
- ✓ Brochures
- ✓ Flyers
- ✓ City of Kalamunda website
- ✓ City of Kalamunda e-newsletter
- ✓ Social media

Name of person: _____
Surname First name

Date of Birth: _____

Name of parent/guardian if
person is under 18yrs: _____
Surname First name

Relationship of guardian to
child (if applicable): _____

Address: _____

Phone: _____

Description: _____

Signature: _____

Date: _____