



MEDIA CONSENT FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PHOTOGRAPHER: _____

NAME OF PHOTOGRAPH: _____

MEDIA CONSENT FOR PUBLICATION VIA NEWSPAPER / MAGAZINE / TELEVISION / RADIO / FILM/ INTERNET/ INTRANET/ SOCIAL MEDIA CHANNELS/ YOUR HEALTH LINK NATIONAL COMPETITION WEBSITE AND EXHIBITION.

DESCRIPTION: Your Health Link National Photographic Competition and Exhibition

CONSENT

I, _____ give my permission for:

(a) Photography in which I appear

(b) Photography in which my child appears:

a. Full name of child: _____ to be used by the Mid North Coast Local Health District and/or media outlets and give all necessary consents for the publication of this image for competition promotional purposes (see competition Terms and Conditions <https://www.yourhealthlinkphotocomp.com.au/terms-and-conditions/>) by any and all means and media worldwide in perpetuity.

Date: ____ / ____ / ____

Witness signature: _____

Witness name: _____