



MEDIA CONSENT FORM

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PHOTOGRAPHER: _____

NAME OF PHOTOGRAPH: _____

MEDIA CONSENT FOR NEWSPAPER / MAGAZINE / TELEVISION / RADIO / FILM / ONLINE (including MNCLHD social media channels).

DESCRIPTION: Your Health Link National Photographic Competition and Exhibition

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 outlet named above and give all necessary consents for the publication of this image (see competition Terms and Conditions <https://www.yourhealthlinkphotocomp.com.au/terms-and-conditions/>) by any and all means and media worldwide in perpetuity.

Signed: _____

Date: ____ / ____ / ____

Witness: _____