



Your Health Link Photographic Competition and Exhibition  
**MEDIA CONSENT FORM**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**NAME OF PHOTOGRAPHER:** \_\_\_\_\_

**NAME OF PHOTOGRAPH:** \_\_\_\_\_

**CONSENT:**

I, \_\_\_\_\_ give all necessary consents for

The photograph in which I appear

**or**

The photograph in which my child appears (person under the age of 18 years of age)

Full name of child: \_\_\_\_\_

to be used by the Mid North Coast Local Health District and/or media outlets for competition promotional purposes and give all necessary consents for the publication of this image on the Competition website and display in Mid North Coast Local Health District public hospitals and community health centres (see competition [Terms and Conditions](https://www.yourhealthlinkphotocomp.com.au/terms-and-conditions/) <https://www.yourhealthlinkphotocomp.com.au/terms-and-conditions/>). This consent includes electronic and/or other form, including via television, newspaper, magazine, Internet or other means worldwide in perpetuity.

**Signature of the person giving consent:** \_\_\_\_\_

Or signature of parent/guardian/carer on behalf of a person under the age of 18 years of age

**Date:**        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Witness name:** \_\_\_\_\_

**Witness signature:** \_\_\_\_\_

**Date:**        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_