



Photograph/Video Authorisation Form:

I (print your full name).....

Give permission for Seeds Uniting Church to take photographs/video of myself/my child (under 18 years of age) in order to create, reproduce, exhibit, publish, or distribute images/ video of myself and/ or person named:

..... (name of child if under 18)

..... (relationship to child)

With the understanding of the following:

- Material may be used to promote Seeds Uniting Church and its services through media, including but not limited to brochures and other organisational documents to assist people in accessing and utilising such services;
- Material may include, but is not limited to DVD'S, films, photographs, displays, brochures, websites, multimedia programs, social media or any other type of promotional medium;
- In granting this permission, I acknowledge that there shall be no claim on my behalf (or that of any family relation) for any monetary compensation in the use of such material either now or in the future;
- Such permission shall remain valid until notification to the contrary is received in writing;
- Such permission can be revoked at any time with the understanding that pre-existing material may continue to be used by Seeds Uniting Church unless such use will have legal or safety issues for the individual concerned;
- Use of photographs of a minor may be published with their first name. As a safety precaution the child's family name will be withheld and will not be published.

Signature:

Date:

Witness (Name):

Date:

Witness Signature:

Date: