



## PHOTOGRAPHY/VIDEOGRAPHY CONSENT FORM

Date:	
Event:	
Full name:	
Address:	
Phone:	

I give permission for the City of Gosnells (and its partners, if applicable) to use these photos/video of myself and/or my dependants for promotional purposes. I am aware that these photos/videos may be used in media, print and electronic advertising, including cinema advertising and any other forms of advertising at the City's discretion. These photos may also be used by the City's sponsorship partners. I agree that I will not seek from the City of Gosnells any talent fees or compensation for using the photos/video.

Signature	  _____ Parent or Guardian if under 16 years
Photo/video is of	<input type="checkbox"/> Myself <input type="checkbox"/> Children in my care (please provide your name) <input type="checkbox"/> Other  _____

### OFFICE USE ONLY

Photo/video shoot date	
ECM doc set #	
Description of photograph/video and/or participant/s in photo/video:	

Please return to [commsjobs@gosnells.wa.gov.au](mailto:commsjobs@gosnells.wa.gov.au)