

It is recommended you fill out this form using the latest version of [Adobe Acrobat or Reader](#)

At certain times throughout the year, there may be the opportunity for you to be photographed or filmed for publications of St Agnes' Parish and its entities, such as newsletters, flyers, website or intranet and social media. St Agnes' Parish and its entities may also wish to use these photographs/videos in print and online promotional, marketing and media materials. We seek your permission to use your photograph/video for the above mentioned purposes.

Model Information

Full Name

Email Address

Contact Phone Number

Postal Address

St Agnes' Parish Service Area - *For example, Centacare, Schools, CCA, SJFS, Administration Centre etc.*

Model's connection to St Agnes' Parish - *please select one option*

Employee

Client

Parishioner

Volunteer

Child

Student

Other - give details

Permission

I give permission for St Agnes' Parish and its entities to use my photograph/video and name in/on:

1. The websites of St Agnes' Parish and its entities, marketing materials, newspapers, newsletters, other publications and media.

2. Social media

3. Parish Intranet
(Internal staff communication platform)

I do not give permission to any of the above

By nominating 1, 2 or 3 above I therefore,

- **authorise** St Agnes' Parish and its entities to use my photograph/video in material, available free of charge for St Agnes' Parish and its entities in/on the above mentioned publications.
- **give** permission for my photograph/video to be used by the St Agnes' Parish and its entities in the above mentioned external party (for example, but not limited to Diocesan Investment Fund) publications without acknowledgement, remuneration or compensation.
- **acknowledge** that I understand and agree that if I do not wish to consent to my photograph/video appearing in any or all of the publications above, or if I wish to withdraw this authorisation and consent, it is my responsibility to notify St Agnes' Parish Administration.

Authorisations

*NOTE: All persons signing and witnessing must be of legal age and capacity in the area in which this release is signed.
A person cannot witness their own release.*

Model's signature

Name

Date

Witness Signature

Name

Date

Parent/Guardian/Enduring Guardian
signature *(If model is under 18 years of age
or has limited capacity to sign.)*

Name

Date