

Photograph Release Form

Minor/s



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PRIVACY NOTICE

Livingstone Shire Council is collecting the personal information you supply on this form to obtain your consent to reproduce the photograph/s taken as stated below in Council publications, including electronic format and on the World Wide Web. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

Event

Event Date

Parent/Guardian Details

Parent/Guardian Name

School (if applicable)

Postal Address

Contact Number(s)

Suburb & Postcode

Email

Consent

As the parent/legal guardian of the minors named below, I give Livingstone Shire Council consent to reproduce his or her photograph/s in Council publications including electronic format and on the World Wide Web. I authorise the use or reproduction of the photograph/s for any reasonable purpose within the discretion of the Livingstone Shire Council.

Signature

Date

Name of Minor (Please Print)

Age/Grade