# Rockhampton Water Polo Association

## PHOTOGRAPHY CONSENT AND RELEASE FORM 2018

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission to Rockhampton Water Polo Association representatives, to take and use photographs and / or digital images of me for use in:

1. Media releases, media articles – including newspapers, radio, television, printed publications and / or educational materials.
2. Electronic publications and communications such as the association’s Facebook site and website.
3. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).
4. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Rockhampton Water Polo Association.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHOTOGRAPHY CONSENT AND RELEASE FORM FOR MINOR CHILDREN (UNDER 18) 2018**

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or official guardian (insert child’s/children’s name(s)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission to Rockhampton Water Polo Association representatives, to take and use photographs and / or digital images of my child for use in:

1. Media releases, media articles – including newspapers, radio, television, printed publications and / or educational materials.
2. Electronic publications and communications such as the association’s Facebook site and website.
3. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).
4. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Rockhampton Water Polo Association.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_