**PHOTO RELEASE FORM**

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| Name |
| Address |
| Phone |

Give permission and consent to

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| Developmental Disability Council of WA and/or Department of Communities |

for the use of the following photograph(s) as identified below for presentation under any legal condition, including but not limited to publicity, copyright purposes, illustration, advertising and web content:

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| Describe Photo(s) |

☐ I understand that there shall be no payment for this release.

☐ I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

☐ I understand that I may revoke this authorization at any time by notifying the organisation in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

We the undersigned understand and agree to the above terms and conditions.

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| Signature |
| Print Name | Date |
| Signature (Representative from Organisation) |
| Print Name | Date |