

PHOTOGRAPHY PERMISSION FORM

Liverpool City Council seeks your permission to reproduce one or more photographs of you / your family / your children for publicity purposes including newspaper or publication coverage, online via social media and Council's website, and/or other promotional materials including advertisements for both marketing and editorial capacities for a period of 24 months.

If you agree to Liverpool City Council using your photograph in this way, please answer the relevant questions below and sign where indicated.

1. Are you over the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you give us permission to use your photograph?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. May we print your name with your image?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide names of those in the photograph:

_____	_____
_____	_____
_____	_____

Description of photograph: _____

I understand that the supply of this personal information is voluntary and that I have the right to access and correct this personal information, if necessary, by contacting Council at the address and phone number above.

I agree to Liverpool City Council using and reproducing photographs of me / my children / my family in the manner explained above.

FULL NAME	
SUBURB	
SIGNATURE	
EVENT	
DATE	
PHOTOGRAPHER	