



## Strong Minds Community Photo Competition Photo Consent Form

**Name of Person** (the Subject being photographed):

..... authorises and gives permission to

**Name of Photographer:**

..... to enter the photograph taken by the photographer of my image, into the Strong Minds Community Photo Competition. In the event that the photograph of my image is chosen to be printed and displayed online and in clinic at Strong Minds, I give permission for it to be included, without payment. I also give permission for my image taken by the above photographer, to be used in any promotions, both printed materials and through website and social media for purposes related to the Competition and Exhibition, current and future, by Strong Minds Psychology.

**Signature of Person** (the Subject being photographed):

.....

**Date:** .....

If person is under 18, the name and signature of Parent/Guardian is required:

**Name of Parent/Guardian:**

.....

**Signature of Parent/Guardian:** .....

*\* Please note: Copyright remains with the photographer named above*