

FILM/PHOTO CONSENT FORM

Occasion/event/purpose: _____ Date: _____

Name: _____

By signing this, I agree to the terms and conditions allowing QRIDA the use of my image (or images of my family) in their marketing and promotional activities and collateral.

Signed by:

Print name _____ Signature _____

Date _____

OFFICE USE ONLY

Contact Officer: _____ Department: _____

Phone: _____ Email: _____

QRIDA's file and photo use policy can be found at www.qrida.qld.gov.au/privacy

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Please send a photo of this completed form along with the image or video to photos@qrida.qld.gov.au

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