

**Photo/Model Release**

Parents Name.....

Living at (street address).....

(town/city).....

Phone Number :.....

I hereby give permission for the photographs of myself/ my children to be entered in the Shine Bright Community Photographic exhibition.

Childrens name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand they will be use in print and digital form and displayed in the Biloela Hospital or the Gladstone Hospital and also on The Art Gallery Biloela Hospital and The Art Gallery Gladstone Hospital media platforms.

Parent/Legal Guardian signature..... Date...../...../.....

Photographers signature.....Date...../...../.....