

RELEASE/CONSENT FORM

January 2018



PO Box 818, Kellyville, NSW 2155, Australia

This form applies to filming/photography/interviews by Know My Group staff or contractors for

1. Use in **Australian Health Journal, produced by Know My Health**
2. Use by Know My Group and its production partners for release through social media, news outlets or shown at attendees at events

NAME: _____ COMPANY (If applicable) _____

PARENT OR LEGAL GUARDIAN (if participant is under 16 years or intellectually disabled)

ADDRESS: _____

_____ PHONE _____

I _____ give permission for:

- The film/photographs in which I appear, and
- The contents of any interview given by me, and
- if applicable, details relating to my medical condition

To be used by Know My Group Pty Ltd under media brands Know My Health, Know My Life and Know My Business for the purposes listed in 1 and 2 above.

I agree to comply with requests by Know My Group and on behalf it's production partners.

SIGNED: _____

DATE: _____