**Content/Photograph/Film Release Form**

**DETAILS**

|  |  |  |
| --- | --- | --- |
| Full Name: | | |
| Address: | | |
| Home Phone: Mobile: | | |
| Email Address: | | |
|  | **YES** | **NO** |
| I give permission for any content, photos and film footage to be taken and used by Clunes Neighbourhood House in promotional materials including (but not limited to) website, social media, brochures and media releases for the purposes of Clunes Neighbourhood House and/or related programs. |  |  |

**Signature:**

|  |  |
| --- | --- |
|  | **Date:** |