

**Photo release form**

Signing this form means that you are allowing the Neurological Foundation of New Zealand to use the photographs taken of you and/ or your friends, family or colleagues. The photographs may be used for a range of different Neurological Foundation fundraising information and/ or publicity materials such as posters, newsletters, booklets, leaflets, flyers, exhibition or display material and may appear on our website.

*FUNDRAISER INFORMATION*

**Your Supporter Number (if applicable):** \_\_\_\_\_

Contact person name (first & last):

\_\_\_\_\_

Group/School name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

*PHOTO INFORMATION*

Fundraising event:

\_\_\_\_\_

\_\_\_\_\_

Name/s of people appearing in the photo/s:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Photo details (i.e. morning tea, quiz night, sausage sizzle, Round the Bays etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photo Release Agreement**

I \_\_\_\_\_ (your name) agree that these photographs may be used by the Neurological Foundation of New Zealand.

Please check all that apply,

Marketing/ publicity material/ presentations/ fundraising material

I understand that the images of me, my friends, family or colleagues used for the above material may be reproduced in print and on the internet via the Neurological Foundation’s website. If there is more than one person in the photo, please ensure you have asked the permission of everyone.

The photo features a child/ children under the age of 16, and I have obtained permission from their parent/s or guardian/s for the image to be used by the Neurological Foundation of New Zealand (please provide their contact details below so we may confirm).

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Signature: \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_