

Image Consent Form

I (print full name) _____

☐ Patient ☐ Family ☐ Staff ☐ Other _____

hereby grant Ballarat Health Services (BHS) permission to use my image for official purposes.

I grant BHS the right to use the photographs and/or video recordings in any of its publications which may include but is not limited to posters, newsletters and newspapers, catalogues, advertisements, brochures, video collages, Ballarat Health Services digital platforms including web and social media, and in any other media including television transmission. I will make no monetary or other claim against Ballarat Health Services for the use of the photographs and/or video recording.

Signature _____ Date ____/____/____

Email _____

Telephone _____

Guardian consent *(must be obtained for subjects under 18 years of age)*

Signature _____

Name _____

☐ Guardian ☐ Parent ☐ Other _____

Office use only

☐ Mobile ☐ SLR ☐ Photograph ☐ Video

Photographer _____

Location _____

Description _____

Intended Use _____

Requested by _____