



PUBLICITY RELEASE FORM

The photograph(s)/video/audio taken of you, and/or those with you, will be used for a range of purposes, but principally for use in materials produced by Down Syndrome NSW. This may include, but is not limited to, newsletters, brochures, leaflets, websites and other electronic media, including social media sites.

The content may also be stored in the Down Syndrome NSW digital library.

By reading and signing the agreement below, you are acknowledging the intended uses (above) and giving your permission for the photograph(s)/video/audio of yourself as well as your family members to be used by Down Syndrome NSW.

I, _____, agree for myself and/or those with me to be photographed/video/audio on behalf of Down Syndrome NSW. I understand that the content taken may be used by the Organisation for purposes such as those outlined above.

Name: _____

Signature: _____

Date: _____

Additional names:

