

**WHANGANUI DISTRICT HEALTH BOARD**

**Photography Competition**

**Consent Form**

**Photographer’s name:**…………………………………………………………………………………….

**Photographer’s phone number:**……………………………………………………………………..

**Photograph title:**…………………………………………………………………………………………….

**Location where the photograph was taken:**………………………………………………….

I give permission to the Whanganui District Health Board (WDHB) to use this photograph, submitted in the Photography Competition, in any of its artwork, publications or promotional material, both printed and electronic.

This consent waives all rights to privacy or compensation which I may have in connection to the use of this photograph by WDHB.

While WDHB has rights to reproduce this photograph, it does not have exclusive rights and the photograph remains the property of the photographer.

I have sought the permission of people who could be easily recognised in this photograph.

By signing this form I am giving my consent to the above.

**Photographer’s signature:** ……………………………………………… Date: …..…/………/ 2019

**Names and signatures of people who could be recognised in this photograph:**

*Please note by signing below you are giving permission for this photograph to be used by WDHB and waiving rights to privacy or compensation in connection to the use of this photograph.*

Name: …………………………………………... Signature:………………………………………………

Name: …………………………………………... Signature:………………………………………………

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