

# Photography and Video Release Form

This form must be completed prior to submission of photos or video footage to the City of Rockingham for all clearly identifiable people in photographs or video footage.

Event	
Date of Event	

**1. I acknowledge that the City of Rockingham and I have agreed that:**

- the City may take photographs/video footage of me/the young people in my care at the above event;
- I consent to the City using these photographs/video footage (or any parts thereof), at any time, for general promotional purposes, including publication in newspapers, the City’s website, promotional material, social media accounts, presentations, publications and/or releasing the images to third parties for promotional purposes; and
- I have agreed that the City may use these photographs/video footage free of charge

**2. I acknowledge that I have read and understood this document**

**If relevant:**

- 3. As the parent/guardian of a young person (under 18 years old) I also consent to the terms above regarding photography/video footage taken of the young person/people listed below.**

Name (Printed)	
Signature	
Date	
Young person’s name/s	
Relationship to young person/people	

### Photographer/Videographer/Staff Use

Please use the following section to ensure we are able to match the photographs/video footage to this release form. **Both fields must be completed.** I.e. This person is in photos: DCS1039, DSC1040, DSC1049 and DSC1063. Woman with brown hair in a red and white dress.

File number, or time reference	
Description of person in photography/video footage.	