



Your Details			
Name			
Address			
Telephone			
Email			
	<input type="checkbox"/> Deakin Staff	<input type="checkbox"/> Deakin Student	<input type="checkbox"/> Visitor
If you are completing this form as the Parent or Guardian of a child:			
Child's Name			
School (if applicable)			

**Consent**

I, the abovenamed, agree to be or agree that the abovenamed child be:

Photographed                       Audio Recorded  
 Video Recorded                       Streamed Live

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**OR if you wish to specify use, insert detail below and delete paragraph above**

by Deakin University for the following purpose(s):

I understand that copyright in the image/sound files is owned by Deakin University.

Signature

Date

**Privacy Statement**

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Photographer's Name	
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