

# PHOTO CONSENT FORM

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Consent Details:

I hereby grant permission to the Organization, its representatives, employees, and agents to take and use photographs, video recordings, and/or digital images of me and/or my property for the purpose of promoting, marketing, or advertising the Organization. I agree that these images may be used in various publications, including but not limited to printed materials, websites, social media, and other media channels, without notifying me in advance. I understand that I will not receive any compensation for the use of these images.

## Rights and Usage:

I understand that all rights, title, and interest in the photographs, videos, and digital images, including copyrights, belong to the Organization. I waive any right to inspect or approve the finished product or the copy that may be used in connection with the images. I release and hold harmless the Organization and its agents from any claims, demands, and liabilities whatsoever in connection with the above.

## Confidentiality:

The Organization agrees to use the images in a manner respectful of my dignity and privacy. The images will not be used for any unlawful purpose, including but not limited to defamation, harassment, or discrimination.

## Governing Law:

This Consent Form is governed by the laws of Australia. Any disputes arising out of or relating to this Consent Form shall be subject to the exclusive jurisdiction of the courts of the relevant state or territory in Australia.

## Indemnity:

I agree to indemnify and hold harmless the Organization and its representatives, employees, and agents from any claims, damages, or liabilities arising from the use of the images as described above.

## Acknowledgement:

I confirm that I am of legal age and competent to sign this consent. If I am under the age of 18, I confirm that I have obtained consent from a parent or legal guardian. I have read this Photo Consent Form fully and understand its contents.

**PARTICIPANT'S SIGNATURE**

**ORGANIZATION REPRESENTATIVE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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