



Image Release Form

AGREEMENT

Student's name: _____ Date of Birth: _____

School: _____ Year group: _____

This Agreement is between Lasallian Mission Services, 26 Meredith Street Bankstown, and

Individual's Name _____ (parent/guardian)

I give permission for Lasallian Mission Services to publish or display identifying photos or recordings of _____ for the following purposes:

- The Lasallian District website (www.delasalle.org.au)
- Press releases produced by Lasallian Mission Services
- Public Display
- Promotional Material for Lasallian Mission Services
- Any printed or video publication produced by Lasallian Mission Services

The LaSallian Mission Council handles information in accordance with the Privacy Act 1988 and are committed to ensuring that all our dealings comply with the Australian Privacy Principles (APP).

I understand that no images or personal details collected by the LaSallian Youth Gathering will be sold or distributed to any commercial enterprise.

I will make no claims or demands as a result of, or in connection with the use of the photographs or video on the understanding that Lasallian Mission Services will not use my child/children's image/s in a way that is deliberately offensive, defaming or incriminating.

Signed _____ Date _____

(Parent/Guardian's Signature)

Parent/Guardian _____

(Please Print)