



Xavier Children's Support Network Authorisation of Personal Image

I _____ give permission for image/s to be taken of my child, or myself by a representative of Xavier Children's Support Network.

I understand that this image may be

Filmed and / or Video taped Photographed

I authorise for the use of this image to be used in the following manner. Please tick one or more boxes.

- | | | |
|---|--|--------------------------|
| ◆ Public Relations, which could include | Web Sites / Internet | <input type="checkbox"/> |
| | Community Awareness | <input type="checkbox"/> |
| | Static Photographic Displays | <input type="checkbox"/> |
| | Promoting Services | <input type="checkbox"/> |
| | Brochures and Newsletters | <input type="checkbox"/> |
| ◆ Xavier Children's Support Network | Staff Orientation and training | <input type="checkbox"/> |
| | Brochures and Flyers | <input type="checkbox"/> |
| | Recreational Outings | <input type="checkbox"/> |
| | Camps and Sleepovers | <input type="checkbox"/> |
| | Xavier Social Events
(Sausage Sizzle etc) | <input type="checkbox"/> |
| | Therapy Assessment | <input type="checkbox"/> |
| | Beachcombers | <input type="checkbox"/> |

My relationship to Xavier Children's Support Network is as, one or more of the following

Parent / Guardian Volunteer Staff

Xavier Children's Support Network agrees to make available for viewing all images and for the use of these images to be at the discretion of the undersigned person.

Signed _____ Date _____

Address _____ Post code _____

Telephone _____ Mobile / Work _____