



Australian Friendship Circle Photo Release Form

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PHOTO RELEASE FORM

Name of child (children)

_____	_____
_____	_____
_____	_____
_____	_____

- YES I DO
give Friendship Circle Inc permission to use photographs of myself and my children participating in their activities.
- NO I DO NOT
give Friendship Circle Inc permission to use photographs of myself and my children participating in their activities.

PLEASE SIGN AND PRINT NAME

PARENT/GUARDIAN

Name _____

Signature _____

Date _____

Your Relationship to
the Child (Children) _____