

CONSENT FOR USE OF PHOTOGRAPHY Please indicate your consent below

During your attendance at our clinic or your hospital stay Alana Healthcare may like to take a photograph or video of you, your partner and/or your baby.

I, _____ (____/____/____)
Firstname Surname DOB

DO or **DO NOT** (*tick*) give consent to **Alana Healthcare** to make, use and/or retain any image/s or video/s as detailed below that may identify me, my child or an individual for whom I have authorised decision-making responsibility. This includes images or videos provided to Alana Healthcare by me.

I understand that I can withdraw or modify my consent at any time by contacting the Manager via email on carolyn@alanahealthcare.com.au or by telephoning 02 9009 5255.

Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, please list them here (e.g. cultural considerations, usage restrictions, expiry of consent, etc):

Undertakings

I understand that by giving consent, Alana Healthcare can use the image/s and/or video/s on their website and/or social media pages or on any other publicly available promotional materials as determined by Alana Healthcare. Alana Healthcare may reproduce the image/s or video/s in any form, in whole or in part, and distribute the works by any medium including the Internet or other multimedia.

I understand that Alana Healthcare:

- will not pay me for giving this consent or for the use of my image/s or video/s;
- may keep the image/s or video/s on record until I revoke my consent;
- will return/destroy image/s or video/s if I withdraw this consent, with the exception of those already published;
- may use the image/s or video/s in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this Consent.

Description of image and/or recording Please specify as much detail as possible

Consent For the purposes of this form, the person whose image/s is used is known as the "Participant"

Full name of Participant:

Date of Birth:

Telephone:

Address:

Email:

Signature:

Date: