General Media Release Form

Production date: ___ / ___ / ___

1) I, the undersigned, hereby authorise Southern ACT Catchment Group and general media to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me.

2) I authorise the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to, educational and other public media as may be deemed appropriate by Southern ACT Catchment Group. (I understand I may be identifiable from such photographic or electronic reproduction).

Agreed and accepted by:

Print name _____

Address

_____

Phone _____

Signature _____

Date __ / __ / __

Parental consent

I certify that I am the parent or legal guardian of the individual above _____ , a minor under the age of 18 years. I hereby agree to assume legal responsibility for his/her/their authorisations referred to in this General Media Release.

_____ __ / __ / __

Signature of Applicant's Parent\Guardian

_____ _____

Address of Parent/Guardian (if different) Phone