



ROTARIANS AGAINST MALARIA (RAM) GLOBAL ROTARY ACTION GROUP

Photo / Video Consent Form

I _____ grant permission to ROTARIANS AGAINST MALARIA (RAM) GLOBAL to use, reproduce and communicate (in hardcopy or electronic format) any photographs, audio and/or video recordings taken of me for ROTARIANS AGAINST MALARIA GLOBAL publications and promotional activities (including but not limited to our website, social media, promotional materials). I acknowledge and agree that this may result in displaying my image in public places e.g. meetings, website, and social media.

INDIVIDUAL CONSENT:

Full Name:
Address:
Preferred Contact No:
Email:
Participant Name (print):
Participant Signature:
Date:

Parent/Guardian Name (print):
Parent/Guardian Signature:
(if participant is under 18 years of age)
Date:

Rotarians Against Malaria Global agrees to respectfully use your image in a manner that is appropriate. The image will remain the property of RAM Australia and any personal details regarding this image will be kept confidentially and will not be used for any purpose other than related to your image.

Name of RAM Global representative:
Signature:..... Date:

