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You also acknowledge that you are not entitled to any remuneration, royalties or any other payment from the Department of Education, Catholic Education Dioceses, Association of Independent Schools NSW, partners and MWLP in respect of the use by these parties of the photographs.

Full name:

(Where signing on behalf of a child under 16, please state full name of child)

Address:

.....

Telephone: **Email:**.....

Signature: **Date of Birth:**.....

School:

Full name of parent/guardian:

Contact details:

(if other than full name stated above, ie. where signing on behalf of child under 16)

***Note that if the photo/video is of a child under 16, the parent/guardian must sign this form.**

Please note that MWLP collects your address, telephone and email details in order to obtain your consent to the publication of a photograph containing your image. These contact details will not be published or disclosed without your consent, unless authorised or required by law.