

### Participant Details

NAME (please print)	<input type="text"/>		
ADDRESS	<input type="text"/>		
STATE/TERRITORY	<input type="text"/>	POSTCODE	<input type="text"/>
TELEPHONE	<input type="text"/>		
EMAIL	<input type="text"/>		

I  do /  do not grant Catholic Care Disability Services the unrestricted right and permission to copyright ad use, re-use and republish photographic portraits, voice, video or pictures of me or in which I may be included intact or in part or composite, without restriction as to changes or transformations or reproduction thereof. I understand that these photographic portraits, videos or pictures of me may be placed into any and all media now in or in perpetuity for promotion, signage, advertising, media, good news stories, or any other purpose promoting Catholic Care Disability Services.

I acknowledge that I am:

- Over the age of 18; or
- The legal guardian of the following:

Please list name/s here:

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I understand that I can withdraw or modify my consent at any time in writing to:

**Catholic Care Disability Services**

Marketing and Communications Department  
2C West Street,  
Lewisham NSW 2049  
Ph: **13 1 8 19**

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Signature:

\_\_\_\_\_  
Date: