

PHOTO / VIDEO CONSENT

Date:			
Project name and location:			
film, video and and authorise a	n for Wellington Regional Council (also kior/photograph me and/or my artwork an ny reproductions of my physical likeness s in connection with the production of th	d/or my minor/child and/or my artwork	d and make voice recordings
they may edit it	llington Regional Council does not have t and include it in any publicity or advertis , social media, print publications, digital a	sing of this project w	hich could include material
or its activities. used across bot	ontribution will be used for the purpose of the pur	llington Regional Co nal channels.	uncil material, which could be
I give all the necessary consents to Wellington Regional Council for the use in perpetuity of my recorded contribution throughout the world without liability or further acknowledgement to me.			
Name:			
Child/Minors Name (if required):			
Address:			
Email:			
Phone:			
Signature			Date: