



Photographic Release Form

I (person over 18 or legal guardian) agree to provide permission for the person named below for any photographic video, audio or any other form of electronic recording of the named person for and on behalf of the Crown in Right of Phillip Island Nature Parks.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by the Crown in right of Phillip Island Nature Parks.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Phillip Island Nature Parks without acknowledgement and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform the Marketing Department of Phillip Island Nature Park on 5951 2800.

Name: _____

Date: _____

Parent/Guardian if person named is under 18: _____

Signature: _____

Contact Phone Number: _____

Email: _____

Office Use.....

CAPTION with names L-R to correspond to photo name/code:

