



Media Consent Form

I (*name*).....

Being the parent / guardian of (*if applicable*).....

Address

.....

Post Code Telephone No.

Hereby consent to my child / children / myself being filmed / interviewed / photographed.....

by.....

for publicity purposes for the South Australian Medical Scientists' Association Inc. (press, TV, publications, web site, displays etc.) or publications / events authorised by SAMSA. I understand by signing this form, I agree to my child / children / myself appearing in this or any future publicity and hereby authorise SAMSA to use photographs / footage / information provided. I relinquish all rights in respect of copyright claims in relation to the above.

signed date.....

witness position.....

Please return this consent form to the Glen Allen, Room 3D312, Department of Medicine, Flinders Medical Centre, Bedford Park 5042

Story / event / photo description (*office use only*)

| |
|--|
| |
|--|