

**The Country Women’s Association of Victoria Inc.**

**PERMISSION TO PUBLISH FORM - ADULTS**

(Must be completed for **each** entry including images of people aged 18 years and over)

I ……………………………………………………………………………………………..………………………... (full name)

hereby give The Country Women's Association of Victoria lnc permission to use the photograph containing my image, taken by:

…………………………………………………………………………………………………..

(member of The Country Women's Association of Victoria lnc)

for the purpose of entering Section …………. of the State Photography Competition. The photograph may be:

(Delete YES or NO)

|  |  |  |
| --- | --- | --- |
| YES | NO | displayed at CWA of Victoria events |
| YES | NO | printed in CWA of Victoria publications such as the *Victorian Countrywoman* |
| YES | NO | posted on the CWA of Victoria website and social media |

The above consents will apply throughout the world and are for (delete as appropriate):

 an indefinite period / 01/01/2022 – 31/12/2023.

Signature: ……………………………………………………………………….……………………….

Address: …………………………………………………………………………………………………………………………………..

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