



St John of God Hauora Trust

Consent to use photographic, video and other image recordings

I (name): _____

of (address): _____

Telephone: _____

Consent to St John of God Hauora Trust using any photographs, video or other image recording (however recorded) of me or the person under my care (please provide below full name of the person under your care)

for any reasonable internal or external purposes including, without limitation, publication or display in any marketing, promotional, advertising, public relations or information document, poster, film, presentation or data show.

Signature: _____

Date: _____

Office use only:

Comments/notes: _____
