



# Photo Release Form

I (NAME)	
OF (ADDRESS)	
	POSTCODE
EMAIL	
PHONE (HOME)	MOBILE

hereby give consent for all still, film, television and video photography depicting myself, and/or persons for whom I am a guardian, to be reproduced and used by the Australian Labor Party for advertising and purposes as they see fit.

My signature below signifies my approval and I therefore have no claims for compensation from the agency, the ALP or their advertisers.

SIGNATURE	
DATE	
<b>WITNESSED ON BEHALF OF THE AUSTRALIAN LABOR PARTY</b>	
SIGNATURE	
NAME	DATE

<b>ALP Use Only</b>	DATE AND LOCATION OF PHOTOGRAPHY
	BRIEF DESCRIPTION