



**PHOTO RELEASE FORM**  
FOR SCHOOL STUDENTS

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Year Level: \_\_\_\_\_

Please read the information below carefully, and ensure you complete this form to the best of your knowledge. By signing this form, you give Whiteman Park permission to use photographs taken of your child at the following excursion/event:

Excursion Name: \_\_\_\_\_ Event Name: \_\_\_\_\_ Children's Gnangara Groundwater Festival 2024

I hereby give permission to Whiteman Park and those organisations directly involved with promoting their events and public programs for their use of photographs of my child in Whiteman Park publications, advertising &/or promotional material.

I understand that these photographs will not be given to any other group or organisation without my prior consent.

Child's Name (1): \_\_\_\_\_ Year Level: \_\_\_\_\_  
Child's Name (2): \_\_\_\_\_ Year Level: \_\_\_\_\_  
Child's Name (3): \_\_\_\_\_ Year Level: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: By including your email address, Whiteman Park will endeavour to send you a copy of some of the photos taken of your child where feasible.  
Thank you for supporting Whiteman Park.

OFFICE USE ONLY  
Photo Descriptor: \_\_\_\_\_



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