



State Emergency Service Consent For Use Of Image

I consent to photographic/video footage of my child taken by the State Emergency Service to be used for promotional purposes by State Emergency Service or sponsors.

Name of youth : _____

Residential Address: _____

Date of Birth: _____

Unit: _____

Name of Parent or Guardian: _____

Residential Address: _____

Daytime contact number: _____

Should the consent of the Parent or Guardian change then the onus is upon the Parent or Guardian to advise the Cadet Leader in writing.

Signature: _____

Date: _____

For Office Use Only

Event or occasion
of photograph: _____

Date: _____

Description of subject: _____

Trans or Jpeg No.: _____