



**Media consent form**

As a participant in Council's **Wollongong Living Library** I agree to have any photographs and/or video footage taken of me used to promote Wollongong Living Library in various Council publications, including use by print and television media.

Student's Name:

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Parent's Name:

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School:

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**Authorisation**

I agree to the terms and conditions stated above.

Parent's Signature:

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Date: ...../...../.....