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**Immune Deficiencies Foundation Australia (IDFA)**

**Photographic/Media Consent Form**

I hereby consent to the collection and use of my personal images, story, video images, photographs, interviews, content about and direct and indirect quotes, and/or likeness of the Subject for the purpose of media relations, press coverage, publicity, entertainment, education, advertising, and other promotions via brochures, posters, picture murals, world wide web pages, press releases, videotapes, film and text and other media not specifically mentioned; I acknowledge these may be used by the Immune Deficiencies Foundation Australia and published on the IDFA website and in newsletter publications as well as distributed to members. I understand that my personal information can be viewed by anyone who accesses the IDFA website or publications or the general media and that my consent can be withdrawn at any time.

**Consent**

I [insert name]

Please indicate:  Member over 18  Consent includes all family members

Please indicate what channels you are willing to share your content on:

 IDFA Email Campaigns  IDFA Social Media Channels IDFA Website  Media Release

Consent to disclosure of personal information by publishing on the IDFA channels as selected above. I am aware that by giving this consent, I am permitting personal information about (the above member) to be published, which can be viewed by anyone who access the IDFA website or other publications, and that if consent were withheld, this publication would not occur. I further understand that this consent may be withdrawn by me at any time, upon written notice. I give this consent voluntarily.

[insert name]

Signature of member (over 18 years) or parent/guardian (if member is under 18 years)

Date: [insert date]