

Photographic/ Media Consent Form



AMT's National Massage Therapy Awareness Week

September 8-15, 2014

(Name of person giving consent & parent/guardian if under 18 years of age)

hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used on the Association of Massage Therapists website, in newsletters and publications as well as distributed to members.

I further acknowledge that my image may be used by the media to promote National Massage Therapy Awareness Week.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at anytime in writing to the Association of Massage Therapists at PO Box 826, Broadway NSW 2007.

I give this consent voluntarily.

(Signature of person giving consent)

(Signature of parent/guardian if under 18 years of age)

Date



PO Box 826
Broadway NSW 2007

T: 02 9211 2441

F: 02 9211 2281

www.amt.org.au

info@amt.org.au

ABN 32 001 859 285

Established 1966