



History House Museum Photograph Consent Form

Our Responsibilities:

We will:

- Aim to use photographs showing people in groups and activities
- Not continue to use any image after your written objections
- Not reveal within the image personal details such as full name, age, address or phone number
- Only use a person's name with your written agreement [see below]

Your Details:

Full Name: _____

Name of School: _____

Class: _____

Address: _____

Phone: _____

Email: _____

Your Consent:

I give permission for History House Museum, City of Armadale to use the photographs taken on this incursion / excursion for promotional purposes. I understand that the photographs will only be used in line with your stated responsibilities [above], and in order to demonstrate or promote activities relating to History House Museum's services and facilities.

Signed: _____ Date: _____

Museum Use Only:

Date taken: _____ Location: _____

Description: _____

Filename & Location:

S: _____