

St. George Chaldean Catholic Church & Centre
1 Cooper St, Campbellfield VIC 3061
Mob: 0426 840 114
Telephone: (03) 9308 6239
stgeorgeparish@chaldeanausnz.com



Permission Form for Photographing Individuals with Disabilities

I,

the parent/guardian/nominee of

.....

hereby grant permission to St. George Chaldean Catholic Church & Centre to take photographs & videos of my

..... during organization-related activities for the purposes outlined below.

Purpose of Photography & Video:

The photographs & videos will be used for educational, promotional, and documentation purposes by St. George Chaldean Catholic Church & Centre. This may include, but is not limited to, use in organization publications (e.g., newsletters, brochures), the organization's official website, social media accounts, and promotional materials (e.g., posters, flyers) to showcase organization activities and events.

Conditions:

- The photographs & videos will be taken in a respectful and sensitive manner, ensuring the dignity and privacy of the individual with disabilities.
- Personal identifying information of the participant, such as full names and contact details, will not be disclosed with the photograph & videos.
- The photographs & videos will only be used for purposes related to St. George Chaldean Catholic Church & Centre and its activities.

Revocability & Duration:

- I understand that this permission is voluntary and can be revoked by me at any time by providing written notice to St. George Chaldean Catholic Church & Centre.
- This permission will remain in effect unless revoked as stated above.

Release of Liability:

I release St. George Chaldean Catholic Church & Centre and its representatives from any liability or claims that may arise in connection with the use of the photographs & videos as described in this permission form.

Emergency Contact Information:

In case of any questions or concerns regarding the use of the photographs & videos or to revoke this permission, please contact the Parish secretary.

Consent:

By signing below, I acknowledge that I have read and understood the terms of this permission form and grant St. George Chaldean Catholic Church & Centre permission to take photographs of the participant as outlined above.

Parent/Guardian/Nominee

Signature _____ :

Printed Name _____ :

Date _____ :

Consent from Participant (if applicable):

I, consent to have photographs & videos taken of me as described above.

Participant

Signature _____ :

Printed Name _____ :

Date _____ :

Thank you for your cooperation. The well-being and respect for the dignity of our participants are of utmost importance to us. If you have any questions or require further information, please feel free to contact us using the provided contact details.

Sincerely,

St. George Chaldean Catholic Church & Centre