



Fremantle Speech  
Pathology Services

## Photography Consent Form

To be completed by parents or guardians if subject is less than 18 years of age before photographs are taken.

I hereby grant Fremantle Speech Pathology Services the right to use photographs and any reproductions or adaptations of the photographs for all general purposes in relation to Fremantle Speech Pathology Services' promotional documents (either in hard copy or on the internet).

**Name and address of parent or guardian if person to be photographed is less than 18 years of age**

Name of person (please print) \_\_\_\_\_

Name of guardian (please print) \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Fremantle Speech Pathology Services 23<sup>rd</sup> August, 2011