

Please return form with photos via email: [fundraising@nzbcf.org.nz](mailto:fundraising@nzbcf.org.nz)  
fax: 09 309 0644 post: PO Box 99650, Newmarket, Auckland 1149



### **Photo Release Form**

Signing this form means that you are allowing The New Zealand Breast Cancer Foundation to use the photographs taken of you and/or your friends, family or colleagues. The photographs may be used for a range of different New Zealand Breast Cancer Foundation fundraising information and/or publicity material, such as posters, newsletters, booklets, leaflets, flyers, exhibition or display material and may appear on our website.

**Your NZBCF Number:** \_\_\_\_\_

Contact name: \_\_\_\_\_ Organisation name: \_\_\_\_\_

Contact address: \_\_\_\_\_ Post code: \_\_\_\_\_ City: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Fundraising event: \_\_\_\_\_

Name/s of people appearing in the photo/s: \_\_\_\_\_

Photo details (i.e. coffee morning, pink golf day etc): \_\_\_\_\_

### **Photograph Release Agreement**

I \_\_\_\_\_ (your name) agree that these photographs may be used by The New Zealand Breast Cancer Foundation in its:

- Marketing / publicity material / presentations / fundraising material  
I understand that the images of me, my friends, family or colleagues used for the above material may be reproduced in print and on the internet via The New Zealand Breast Cancer Foundation's website. If there is more than one person in the photo please ensure you have asked the permission of everyone.
- The photo features a child/children under the age of 16, and I have obtained permission from their parent/s or guardian/s for the image to be used by The New Zealand Breast Cancer Foundation.

Signature: \_\_\_\_\_

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