



Lions Eye Health Program Australia

LEHP-Australia
PO Box 178
Seaford SA 5169

Permission to Use Photograph/Video

Subject: _____

Location: _____

I/We give consent to LEHP - Australia, its representatives and employees to use photographs and/or video of _____ in connection with the above-identified subject.

I agree that LEHP – Australia may use such photographs and/or video for LEHP-Australia and/or Lions Australia internal publications such as newsletters, magazine articles, brochures, posters, presentations and web content.

I have read and understand the above:

Signature _____ Parent

or Guardian Signature (if persons under 18 years of age) _____

Printed name _____

Organization Name _____

Address _____

Date _____