



COMMUNITY CARE TASMANIA PERMISSION RELEASE FORM

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	Yes	No	Yes	No
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To be filled in and signed by the person in the photographs, images, articles or recording

Name:	Signature:	Date:
Email Address:	On behalf of (name or organisation where applicable):	

Please fill in this section if you are signing on behalf of a person represented in the work. Young people under the age of 18 years will need the signature of a parent or carer.

Name:	Signature:	Date:
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Community Care TASMANIA is committed to ensuring your privacy.
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