

Djamu Metropolitan Junior program booking form

Student	Year
School	
Teacher/s	
Principal	
School address	
Email	Tel

Principal's signature	Date
-----------------------	------

Student's signature	Date
---------------------	------

Parent/guardian's name	Tel
------------------------	-----

Parent/guardian's signature	Date
-----------------------------	------

Contact details and for further information

Kirra Weingarth
Program Producer,
Aboriginal and Torres Strait Islander art knowledges
kirra.weingarth@ag.nsw.gov.au

Permission to photograph, film and sound record

I

(name)

of

(address)

Email

Tel

grant the Art Gallery of New South Wales ('the Art Gallery') the right to photograph or film

of

(student name)

(school name)

during their participation in Djamu Junior in order to record and promote the educational content of the program.

Permission for archival/research uses

The Gallery may use the photographs or Audiovisual Recording of me in conjunction with publicity for the Gallery education programs, including the Gallery website, social media and for archival purposes.

The Gallery may also use the Recording as an archival record of the program and as a resource for research purposes.

Permission for archival/research uses

I confirm that any additional use of the photographs or Audiovisual Recording of my son/daughter will require my further express permission and that such permission will not be unreasonably withheld.

Signature

Date