

Djamu Metropolitan Senior program booking form

Student	Year
School	
Teacher/s	
Principal	
School address	
Email	Tel

Principal's signature	Date
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Student's signature	Date
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Parent/guardian's name	Tel
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Parent/guardian's signature	Date
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Contact details and for further information

Kirra Weingarth
Program Producer,
Aboriginal and Torres Strait Islander art knowledges
kirra.weingarth@ag.nsw.gov.au
04311 343 361

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 Djumu 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 _____

Authority to travel

Transport to and from the Art Gallery of New South Wales is the responsibility of teachers, parents and/or caregivers. Please complete the travel authorisation below and return it.

Any enquiries may be directed to Kirra Weingarth, Program Producer, Aboriginal and Torres Strait Islander art knowledges 04311 343 361 or Talara Ingram, Assistant Program Producer, Aboriginal and Torres Strait Islander Art 0478 670 267.

To sign this permission form, you must be over 18 years of age and the parent or legal guardian of the child taking part in Djamu Metropolitan Senior.

I am over 18 years of age and give permission for my child to travel to the Art Gallery of New South Wales to attend the Djamu Metropolitan Senior program.

Student name

Year

School

Parent/carer's name

Parent/carer's phone number

Signature

Date

Student's phone number