



Hearing with ...



CICADA
Queensland

(Cochlear Implant Club and
Advisory Association Queensland)

ABN 29 911 299 608

Personal Appearance & Media Release Form

Person Appearing	
Event Date	
Name of Event	
Name of Organisation	CICADA Queensland
Event Location	
I authorise the producer to take images and include in the project and related material my name, group represented and photos, as well as Producer may use and authorise others to use all or parts of the images without limitation as the Producer shall in its sole discretion determine.	
Signature of person appearing (if child, parent's signature)	
Phone number:	SMS number:
Email:	Other:
Signature of Organisation Representative:	
Date:	