

**PARENTAL CONSENT FORM TO REPRODUCE A PHOTOGRAPH OF AN  
UNDERAGE PERSON**

I consent to the photograph of my child being included in ADFAS ArtLife or other ADFAS publications including Society newsletters and the ADFAS website.

ADFAS ArtLife is an annual publication of the Association of Australian Decorative and Fine Arts Societies, is provided nationally to all members and is not for sale.

The nature and purpose of this project has been explained to me and I understand and agree to my child's photograph being used.

I understand that my child will not be identified and all personal information will be confidential.

I understand that there will be no payment to me or my child and that my child may not directly benefit by taking part.

Child's name in full

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Parent / Guardian name if full

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Contact details.....

Signed .....

Dated .....

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Please return to:

The Secretary  
ADFAS Launceston Inc.  
PO Box 445  
LAUNCESTON TAS 7250

Email: [launceston@adfasc.org.au](mailto:launceston@adfasc.org.au)

Reply paid envelope included.