



Training and Development Provider

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## PHOTO RELEASE FORM

Photographer: \_\_\_\_\_

Title: \_\_\_\_\_

Student: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone contact details: \_\_\_\_\_

I hereby assign full copyright of these photographs to INAP together with the right of reproduction either wholly or in part for promotional purposes in pamphlets, the INAP website and powerpoint presentations undertaken by INAP at Inductions and Graduations.

I agree that INAP can use the above-mentioned photographs unrestricted either separately or together, either wholly or in part.

I agree that the above mentioned photographs and any reproductions shall be deemed to represent an imaginary person, and further agree that INAP or any person authorised by or acting on their behalf may use the above mentioned photographs or any reproductions of them for the above advertising purposes or for the purpose of illustrating any wording, and agree that no such wording shall be considered to be attributed to me personally unless my name is used.

Provided my name is not mentioned in connection with any other statement or wording which may be attributed to me personally, I undertake not to prosecute or to institute proceedings, claims or demands against either INAP or their agents in respect of any usage of the above mentioned photographs. I have read this release form carefully and fully understand its meanings and implications.

Signed: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the Student is under 18 year of age, a parent or legal guardian must also sign:

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_