

**FRIDAY FENCING AND MARTIAL BOXING**

**PHOTO RELEASE AUTHORISATION (UNDER 18)**

Participant's name: \_\_\_\_\_

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

\_\_\_\_\_

*I hereby give authority for the City of Stirling to use my child's photograph on the understanding that it will be used in City of Stirling promotions.*

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date: \_\_\_\_\_

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

Location: \_\_\_\_\_

Image description: \_\_\_\_\_

\_\_\_\_\_

Image number: \_\_\_\_\_

City representative: \_\_\_\_\_