



Image Release Form - Adult/Minor

About the Breastfeeding Friendly Workplace program:

The Breastfeeding Friendly Workplace (BFW) program is a not-for-profit initiative of the Australian Breastfeeding Association (ABA). The BFW program works with industry and employers to support breastfeeding women in their return to work whilst continuing to breastfeed. The program also provides information and support to breastfeeding women who are returning to work to assist them with their return and educate them on how to manage this often stressful time.

We are seeking your permission to use the photograph/s in which your image, or your minor child/ren appears. These photographs are for use within the BFW Program.

Please circle **Yes/No** for the categories for which you give permission for the photographs to be used.

Categories of Use:

I _____ of
address _____
phone _____ email _____

agree for my visual image or that of my minor child/ren to be used by the BFW program in the following manner:

- | | |
|--------|---|
| Yes/No | BFW publications, including Essence, booklets, posters, brochures and other promotional and/or educational materials |
| Yes/No | BFW online use, including websites, e-cards, e-newsletters/magazines, catalogues |
| Yes/No | BFW digital resources, including CDROMS, DVDs, online video, PowerPoint presentations |
| Yes/No | Media use, including newspapers, magazines and online, on request and with BFW approval |
| Yes/No | Educational use for the teaching and promotion of the BFW program, including booklets, posters, brochures and other promotional and/or educational materials, websites, e-cards and video |
| Yes/No | For my name and the name/s of my minor child/ren to be used with the photographs |

I understand that the photographer/videographer retains full copyright of images they make.

BFW has my license to reproduce and distribute my image in accordance with the above agreement. I understand my image will be stored electronically and shared within the BFW program in a digital form.

Signed _____ Date _____

I also consent for my minor children, listed below, for the above.

Name _____ DOB _____

Name _____ DOB _____