

## AUTHORISATION AND RELEASE OF PERSONAL STORY

(To be completed and signed by persons 18 years and over)

*In order for the YMCA to continue to serve the community, it is important to be able to share stories about those who have been impacted by our work. We hope you will consider giving us permission to share your experience.*



May we share your OR your child's story, feedback, comments and experience with the YMCA in the following areas (by ticking YES you agree to provide permission, by ticking NO you do not provide permission).

**YMCA social media sites?**

Yes ☐ No ☐

**Newsletters?**

Yes ☐ No ☐

**Website?**

Yes ☐ No ☐

**Any other promotional material including, but not limited to impact reports, posters, flyers, banners and public media?** Yes ☐ No ☐

**Do you consent to your or your child's real name being used? YES ☐ NO ☐**

**Do you consent to your or your child's image being used with the story, feedback, comments and/or experience? YES ☐ NO ☐**

**I understand that in providing my consent:**

i). Any image used with my, or my child's story, feedback, comments or experience will be a stock image, not a personal photo of me unless otherwise indicated above.

ii). I can withdraw my consent at any time but I must do so in writing and forward it to the YMCA.\*

iii). I understand that any information published in hardcopy or uploaded to digital platforms may be accessed by other entities outside the control of the YMCA and I therefore indemnify YMCA in every respect.

### RELEASE

I, \_\_\_\_\_, agree to and provide permission for my experience with the YMCA and/or my child/ren (whose names are listed below) to be used for and on behalf of the YMCA.

I authorise the use or reproduction of any comments or recording referred to above for the purposes of publishing information materials and resources which promote the initiatives of the YMCA without acknowledgment and without being entitled to remuneration or compensation.

I understand the nature and the consequences of what is being proposed above.

#### CHILD DETAILS (If applicable – Please leave blank if providing permission for someone over 18)

**Child name/s:**

1.

3.

2.

4.

**AUTHORISING PERSONS DETAILS** - I warrant I am either a parent or guardian of any persons under 18 named above and have the authorisation to provide this authority

**NAME:**

**SIGNATURE:#**

**DATE:**

**CONTACT NUMBER:**

\*The term 'YMCA' refers to YMCA of Brisbane and/or Y-Care (South East Queensland) Inc.

#Person signing this form must be over 18 years of age.

**YMCA Brisbane**

107 Brunswick St, Fortitude Valley, QLD 4006

PO Box 669, Spring Hill, QLD 4004

T. (07) 3253 1700 F. (07) 3253 1711

E. [brisbane@ymcabrisbane.org](mailto:brisbane@ymcabrisbane.org)

W. [www.ymcabrisbane.org](http://www.ymcabrisbane.org)

#### OFFICE USE ONLY

YMCA Location:	
Program details:	