

PARENT/GUARDIAN :

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Full Name: _____

Address: _____

Mobile: _____

Home Phone: _____

Date of Birth: _____

Postcode: _____

Email: _____

Delta Hearing Clinic may wish to use photographs and/or videos of clients for marketing, educational, and promotional purposes, including but not limited to use on our website, social media platforms, printed materials, and other clinic-related content.

CONSENT AGREEMENT:

I, the undersigned, give Delta Hearing Clinic permission to use photographs or videos taken of me (or my child, if under 18) for the purposes described above. I understand that:

- ✓ The images may be used in digital or print format.
- ✓ The images may be used for an indefinite period unless I withdraw consent in writing.
- ✓ I will not receive any payment or royalties for the use of these images.
- ✓ Delta Hearing Clinic will not disclose names or personal details without additional consent.

You may withdraw your consent at any time by emailing us at admin@deltahearing.com.au.

For any privacy-related concerns, please contact our Privacy Officer at Delta Hearing, 186 Coburns Road, Melton VIC 3337, or call us on (03) 8000 5056.

Visit <https://www.deltahearing.com.au/privacy-policy> for our full Privacy Policy.

PLEASE TICK ONE:

I Give Consent For My Photo/Video To Be Used As Described Above.

I Do Not Give Consent.

Name of Parent/Guardian

Date:

Signature: _____

(If under 18, parent/guardian signature required)