Roslyn Lockhart Portrait Exhibition

Subject Consent Form

Details of the person depicted in this photogragh (the subject)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the subject is not able to give consent under the laws in our state (ie is a minor) please provide the name a parent/guardian.

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your contact details will remain confidential and only be used for the purpose of contacting you in relation to this consent.

PERMISSION

I am the subject of painting/or photography to painting and give permission for:

* Artwork of my image to be made and exhibited by the artist Roslyn Lockhart
* The photograph to be made in portrait
* Artist statement to disclose information about subject
* I agree to the portrait and artists statement to be exhibited in public (including online and in the media)
* I agreed to images of the portrait to be used by the Artist, Leeton Art Gallery, its sponsors and affiliates
* I understand that the portrait might be used, reproduced (including the ability to adapt or modify reproductions), published and communicated (including sub-licensing and/or supply to third parties) for promotional, publicity, educational and administrative purposes of the artist
* I agree to the Artist or Leeton Art gallery contacting me if it has any questions in relation to the portrait.

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .