



Indemnity Declaration/Photo & Media Consent Form

I, _____

Understand that this consent remains in effect unless otherwise advised by me in writing

INDEMNITY DECLARATION

Release Western Australian Powerchair Football Association Inc (WAPFA) from liability for any accident, illness or injury sustained and request that medical attention be taken at my cost.

Signed: _____ Date: _____

PHOTO & MEDIA CONSENT

Authorise the use of my name, photos and other media which includes me, to be used by WAPFA for the below:

- i. WAPFA Website
- ii. Marketing activities including, but not limited to, promotional materials, brochures, posters, social media (such as YouTube, Facebook, Twitter and Instagram) display materials etc.
- iii. Magazine and newspaper articles
- iv. Media releases and information provided to mass media outlets and online news

Understand that my name, photos and other media which includes me can be used by WAPFA and their partners, which may include, but are not limited to:

- i. Football West and Perth Glory
- ii. Government funding bodies
- iii. Sponsors of WAPFA
- iv. The Australian Powerchair Football Association Inc. (APFA)
- v. Partnering associations and disability organisations

Signed: _____ Date: _____

If under 18 years of age or unable to sign a parent/guardian must sign the form

PARENT/GUARDIAN DETAILS

Name: _____

Name of who you're signing for: _____

Home Phone: _____ Mobile: _____