

Photograph competition entry and consent form.

By participating in the contest, you are acknowledging that you have the right to share the photograph/s submitted and you, and any subjects within the photo, are giving express permission to the College to use the photo during and after the contest, regardless of whether you are selected as a winner or not. Photos may be published in the future in formats (print, electronic or exhibition) to promote midwifery or for education purposes and the New Zealand College of Midwives and may crop/alter the images in respect of that format.

Name of entrant:	Signature:
Email address:	Phone no.
Date:	Place photo was taken:

Name of colleagues/other subjects in photograph:	Signature: