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| **PHOTOGRAPHY CONSENT FORM** | | |
| **Name:** | **Employee / Student Number:** | |
| **Project/Department:** | **Position / Program :** | |
| □ I hereby acknowledge that I have had my photo taken for promotional purposes for National Ambulance. I consent to National Ambulance using these photographs of me for Company promotional purposes in publicity materials, printed materials, websites, print media and applications as and when required.  □ I disagree using my photo taken for promotional purposes in publicity materials, printed materials, websites, print media and applications as and when required, for National Ambulance. | | |
| **Signature:** | | **Date:** |