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I, (Please Print name) _____ of
_____ (address)

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I certify that I am 18 years of age or older, and am free and able to give this consent. **Aboriginal & Torres Strait Islanders.**

If you are an Aboriginal or Torres Strait Islander please initial here.

If you are an Aboriginal or Torres Strait Islander and do not wish for your photo to be used after your death, please indicate your wish by initialling here.

Upon receipt of written notice of death, IAHA agrees not to further use the photo for any purpose (other than for archival and record keeping purposes).

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(Date)

(Telephone number)

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