



Consent Form
CleftPALS WA
C/- Variety WA
PO Box 669
VICTORIA PARK WA 6979
ABN 59 622 040 503

The Cleft Palate & Lip Society of WA

I, (print name) _____,

of

(address) _____

here by give my consent for:

- a) my personal or family story, as provided to **CleftPALS WA** and/or
- b) any images of myself or family, as provided to **CleftPALS WA**,

to be used by **CleftPALS WA**:

- a) in any of its publications (including posters)
- b) for print and/or electronic media (including the Internet)
- c) both a) & b).

*Please note that in accepting personal or family stories, **CleftPALS WA** reserves the right to make editorial changes in relation to length and clarity. However, these changes will not attempt to change the "spirit" and intent of the story.*

*If at any time, and for whatever reason, you would like your published contributions withdrawn from **CleftPALS WA's** use, please contact the President.*

Signature: _____

Date: _____

Please post to : C/- Variety WA, PO Box 669, VICTORIA PARK, WA, 6979 or
alternatively email membership@cleftpalswa.org.au

Thankyou