



# CONSENT FORM

## YOUR DETAILS

This consent form is for:

Name: .....

Address: .....

Phone/email: .....

Date: .....

## CONSENT & CONDITIONS OF USE

Publicity is carried out by the New Zealand Society of Anaesthetists to promote the work of its members and networks.

In order to do this, the New Zealand Society of Anaesthetists asks for your consent to: (tick all that apply)

Use your photograph taken on: .....

Use your story and/or comments made on: .....

Use an audio/visual recording of you taken on: .....

Other:..... taken on: .....

I, the undersigned, give permission for the New Zealand Society of Anaesthetists to use this material for all promotional, educational and marketing purposes. In doing so I understand that:

- This material may be edited or republished without further consent from me.
- This material may be used indefinitely unless specified here:
- I can cancel my consent at any time by contacting the Communications Manager. If this occurs the New Zealand Society of Anaesthetists will use any remaining printed publications and then remove my image/words from all future publications.
- The New Zealand Society of Anaesthetists will only use images, recordings and personal details, for which permission has been granted on this form.
- The New Zealand Society of Anaesthetists will not include personal email or telephone numbers, in printed publications, on our website, or in any recording.

I have read and understood the information contained in this consent form and had the opportunity to discuss it with a person of my choice.

Signature:.....

Date:.....