

Signed Photo Release Form

I, the undersigned, hereby grant permission to **IRMSA** its representatives, employees, and authorised agents (hereafter referred to as "the Organisation") to take photographs of me and to use, reproduce, publish, and distribute such photographs for the following purposes:

- Marketing and promotional materials
- Official reports and publications
- Websites and digital platforms
- Social media accounts
- Newsletters, presentations, and other communication materials

I understand that these photographs may be used in print and digital formats and may be shared publicly. I acknowledge that I will not receive any compensation for the use of my image and that all rights to the photographs will remain the property of the Organisation.

This consent is given voluntarily and without expectation of compensation or other remuneration. I also understand that I may revoke this authorisation at any time in writing, but such revocation will not apply to photographs already published or distributed prior to the receipt of the revocation.

Full Name: _____

Role/Position: _____

Team/Group Name: _____

Contact Email: _____

Signature: _____

Date: _____

