



## MYGolfer of the Month Award Nomination Form

Candidate Name: \_\_\_\_\_ Male/Female

(please circle)

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (Mobile)

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

MYGolf Centre: \_\_\_\_\_ Favourite golfer and why: \_\_\_\_\_

### PROVISION OF CONSENT TO USE PHOTOGRAPHS AND FILMING

- a) I give my consent to the \_\_\_\_\_ Golf Club and Golf Australia to copy or reproduce images of my child (whether by photo, film or other electronic or printed media) without the acknowledgment of myself or my child and without my entitlement to any remuneration of compensation now or in the future.
- b) I acknowledge that the images are the property of the \_\_\_\_\_ Golf Club and Golf Australia.
- c) The \_\_\_\_\_ Golf Club and Golf Australia agree not to use any image in a manner that may be deemed adverse or defamatory, and will only use the image(s) to promote the Club's and Golf Australia's aims and programs.

### Authorisation

I herein confirm and agree to the terms and understand the conditions set out in a), b) & c) above.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT/GUARDIAN)

Return your completed form to MYGolf via:

Mail: Level 3, 95 Coventry Street  
South Melbourne  
VIC 3205  
Fax: (03) 9626 5095  
Email: mygolf@golfaustralia.org.au

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