

| Testin | nonial Consent and | d Can | cellation Form | | | | |
|------------------|--|--|---|-----------|-------------------------------|--|--|
| I | | | gran | t Kellv 1 | Fillage, its | | |
| represe | entatives, and employ | ees th | e right to use, reprodu | - | O 1 | | |
| | Dhatamarka | £ | - lf | | | | |
| | equipment | Photographs of myself, my property, plant, and | | | | | |
| | Video content | lant, | | | | | |
| | and equipment | | | | | | |
| | | | ents, and or voice rec | | | | |
| | ach box in the first coll applicable. | ımn th | at is applicable and in | itial eac | h box in the last colum | | |
| iriai is i | аррпсаыс. | | | | | | |
| I under | stand that this conten | t may | be used in publication | s, press | releases, marketing | | |
| materia | al, advertisement (bot | n digita | al and print), website, s | social m | edia, and other uses. | | |
| • | and understand I sha ion for the content. | ıll neith | ner be compensated fo | or the co | ontent nor receive | | |
| I give p | permission to be ident | fied by | the below: | | | | |
| | First name only | | First name, city, | | First name, | | |
| | | | state, and country | | company, city, | | |
| | Full name only | | Full name, city, | | state, and Country Full name, | | |
| | T dil fiame only | | state, and country | | company, city, | | |
| | | | , | | state, and Country | | |
| Tick the | e box that you want to | be ide | entified by. | | _ | | |
| This au | uthorisation is continue | ous an | d may only be withdra | wn by v | vritten instructions. | | |
| I have | read and understand | the ab | ove. | | | | |
| | | | | | | | |
| Signature: Date: | | | | | ate: | | |
| Printed | I name: | | | | | | |
| | | | | | | | |
| Printed | I name of parent or gu | ardiar | (If underage of 18: | | | | |
| Date: _ | | Pł | none: | | | | |
| Email a | address: | | | | | | |

Booleroo Centre SA 5482

Booleroo Office 684 Kelly Road, Booleroo Centre SA 5482

16/01/2023

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Testimonial Consent and Cancellation Form

| 100111101110 | | |
|----------------|---|-------------------|
| Cancellation | of consent: | |
| or, by comple | nt may be cancelled at any time by signed and dated notifical leting the section below and returning to Kelly Tillage (Attentivate and confidential) or email to marketing@kellytillage.gr/ | tion: Marketing |
| As at the (Da | ate:) I withdraw consent to use: | |
| | Photographs of myself, my property, plant, and equipment | |
| | Video content that may contain myself, property, plant, and equipment | |
| | Testimonials, statements, and or voice recording | |
| Tick each bo | ox in the first column that is applicable and initial each box i | n the last column |
| that is applic | cable. | |
| | | |
| | | |
| | | |
| | | |
| Signature: _ | Date: | |
| Printed name | e: | |
| Signature of | parent or guardian (If underage of 18): | |
| Printed name | e of parent or guardian (If underage of 18: | |
| Date: | Phone: | |

Email address: ____

PO Box 100,

Booleroo Centre SA 5482