



Better Tillage. Better Tomorrow.

Testimonial Consent and Cancellation Form

I _____ grant Kelly Tillage, its representatives, and employees the right to use, reproduce and publish:

<input type="checkbox"/>	Photographs of myself, my property, plant, and equipment	<input type="checkbox"/>
<input type="checkbox"/>	Video content that may contain myself, property, plant, and equipment	<input type="checkbox"/>
<input type="checkbox"/>	Testimonials, statements, and or voice recording	<input type="checkbox"/>

Tick each box in the first column that is applicable and initial each box in the last column that is applicable.

I understand that this content may be used in publications, press releases, marketing material, advertisement (both digital and print), website, social media, and other uses.

I agree and understand I shall neither be compensated for the content nor receive attribution for the content.

I give permission to be identified by the below:

<input type="checkbox"/>	First name only	<input type="checkbox"/>	First name, city, state, and country	<input type="checkbox"/>	First name, company, city, state, and Country
<input type="checkbox"/>	Full name only	<input type="checkbox"/>	Full name, city, state, and country	<input type="checkbox"/>	Full name, company, city, state, and Country

Tick the box that you want to be identified by.

This authorisation is continuous and may only be withdrawn by written instructions.

I have read and understand the above.

Signature: _____ Date: _____

Printed name: _____

Signature of parent or guardian (If underage of 18): _____

Printed name of parent or guardian (If underage of 18): _____

Date: _____ Phone: _____

Email address: _____



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Cancellation of consent:

Your consent may be cancelled at any time by signed and dated notification in writing, or, by completing the section below and returning to Kelly Tillage (Attention: Marketing Manager – Private and confidential) or email to marketing@kellytillage.com

As at the (Date: _____) I withdraw consent to use:

<input type="checkbox"/>	Photographs of myself, my property, plant, and equipment	<input type="checkbox"/>
<input type="checkbox"/>	Video content that may contain myself, property, plant, and equipment	<input type="checkbox"/>
<input type="checkbox"/>	Testimonials, statements, and or voice recording	<input type="checkbox"/>

Tick each box in the first column that is applicable and initial each box in the last column that is applicable.

Signature: _____ Date: _____

Printed name: _____

Signature of parent or guardian (If underage of 18): _____

Printed name of parent or guardian (If underage of 18): _____

Date: _____ Phone: _____

Email address: _____