



CONSENT FORM

I,

(Full Name of Entrant / Member)

(Member's Company)

Enter the address where the work is located:

(Address)

consent to the following:

- I/We give permission for the work to be entered into the CMAWA Awards Night.
- I/We give permission for our premises to be visited by the Judges.
- Photos to be supplied by ourselves with the permission of the photographer.
- I/We give permission for the photos of our work to be shown on the Awards Night and in the CMAWA communications such as eNews, Facebook and the CMAWA Website.

Member:

Customer:

Name:

Name:

Signature:

Signature:

Date:

Date:

Please send the completed form to awards@cmawa.com.au by Wednesday 29 April 2026.