



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

Consent expiry (if relevant): N/A.....

File reference:

UQ contact name:

Position:

Telephone:

Event and location:

Date of shoot

Audiovisual/Photographic/Media Consent Form

Purpose

This consent form allows the use of an image, sound/video recording or media interview of you and/or your child in future internal and/or external media publications at The University of Queensland. A publication is something that may be seen or heard by the public, including but not limited to:

- Television and radio
(documentary/news/current affairs/talk back)
- Internet
(accessible by a world-wide audience)
- Newspapers/newsletters/brochures/magazines
- Videos
- Business reports
- Advertising/media publicity
- Posters/displays/presentations

Consent

I consent to The University of Queensland and/or its agents using an image, sound recording or interview that may identify myself and/or my child. I agree that the photographs taken of me/my child may be published on the University's website and as a consequence, may be transferred outside Australia.

Adult (18 years old and over)

Name:

of (address).....

Child (under 18 years old – must be completed by parent/guardian)

Child's name:.....Date of Birth:.....

of (address).....

Use of name

Do you allow The University of Queensland to use the following within the publication? *(tick as applicable)*

Your name Yes No

Your child's name Yes No

I understand that I/my child/ **will not** receive payment for the activity consented to or in any subsequent publication.

I understand that I **can** withdraw consent at any time by **phoning the telephone number at the top of this form.**

Authorisation

Full name:

.....
(person featured in authorised media, parent/guardian, client, staff member, or if applicable, the substitute decision-maker)

Signature:

.....
(person featured in authorised media, parent/guardian, client, staff member, or, if applicable, the substitute decision-maker)

Date:

Telephone: (M).....(H).....

Witness

Full name:.....

Position:.....

Signature:.....

Date:.....

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