

CONSENT RELEASE FORM

AUDIO, VIDEO AND PHOTOGRAPHIC



The University of the Sunshine Coast (University) regularly uses audio, video and photographs of people in a variety of ways, including for teaching purposes, in publications, for marketing material, on its website and via social media in order to promote the University. In particular, the University may use audio, video and photographs of people for purposes unrelated to the specific event at which the audio, video and photographs were taken.

Audio recordings, video images or photographs that identify individuals may be considered personal information. The University has a comprehensive policy addressing issues related to the use, collection, security and access to personal information which can be viewed at the following URL: usc.edu.au/privacy

The University may use, edit and/or reproduce audio, video or photographs of you for the purposes stated above and is seeking your consent to make use of this content including your name and contextual information. If you consent to the use of your audio recording, video images or photographs for these purposes, please sign below.

CONSENT AND RELEASE

I hereby agree to the University of the Sunshine Coast using, reproducing and disclosing audio recording, video images and/or photographs of me for use in teaching materials, promotional and marketing materials, publications and/or on its website and other social media platforms. I acknowledge and accept that I am not entitled to any payment for my participation and I release the University and its staff and management from and against any and all claims in connection with this.

Name:

Suburb: Email address:

Tel: Mobile:

USC Staff / Student ID number (if applicable):

Current program of study (if applicable):

Signature*: Date:

If under 18 years of age:

Parent/guardian name:

Parent/guardian signature*: Date:

* This form becomes binding on the party named above upon the signing of this form and the submission of this form to the University (including electronically or by scanned copy). If this form is signed using an electronic signature, then in accordance with the *Electronic Transactions Act 2001 (Qld)* this reflects your consent to completing and submitting this form in electronic form and to the form being signed using an electronic signature.

OFFICE USE ONLY

Photographer / Videographer: Date of shoot:

Details of shoot (purpose, location, etc):