



PHOTO CONSENT FORM FOR PROMOTION OF BASS COAST HEALTH

ORG-011

Name of person in photo: _____

Brief description of image/purpose of photo: _____

Permission to use the images

I, the above named / parent or guardian of the above named, give my permission for the still or moving image/s of me / the above-named described above, taken or recorded by or on behalf of or made available to Bass Coast Health to be:

- used in any or all of the promotional and advertising material of Bass Coast Health; and/or
provided to any third party, including but not limited to media organisations, government bodies, not-for-profit organisations and Bass Coast Health partners, for their use as they see fit.

I agree that the images may be used in various media formats including online media, social media, print, newspaper, video, public displays, television and electronic means of communication and in any edited form.

Withdrawal of permission for use of the image

I understand that I can withdraw my permission for Bass Coast Health to use the image/s at any time by notifying Bass Coast Health in writing. Upon notification of the withdrawal of permission, Bass Coast Health will cease to use those images in all future publications. However, I understand and agree that, despite these efforts, the images may still be published or disseminated, and may still be used by a third party (e.g. media organisation).

For Aboriginal and Torres Strait Islander people

I understand that images of Aboriginal and Torres Strait Islander people may appear in the public sphere for several years. Upon notification of the death of an Aboriginal or Torres Strait Islander person appearing in images, Bass Coast Health will cease to use those images. However, I understand and agree that despite those efforts, the images may still be published or disseminated.

Use of the image/s by Bass Coast Health

Bass Coast Health will make all reasonable efforts to respect those whose images are recorded in Bass Coast Health photography and ensure that the image/s are managed and used appropriately.

Waiver of rights

I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the image/s. I understand that I have no actionable right against Bass Coast Health for any failure by either Bass Coast Health or by any third party to comply with the terms of this release form.

Signature _____ Date ____/____/____

Please circle here if parent / guardian

Telephone: _____ Mobile: _____

Address: _____

Table with 2 columns and 3 rows: OFFICE USE ONLY, Name of photographer, Image Number