

Background information for photographer / videographer

This form should be used in conjunction with photographs or video recordings of a person (whether of a private citizen, La Trobe University staff member or student) that have been taken by the University and which the University wishes to publish, where the subject is recognisable.

The form should be completed prior to the image or video being published.

Informed Consent:

Ideally, the photographer should explain the purpose of the form (confirmation that we are authorised to use the image) with the subject before it is completed and signed.

A rough guide to the subject's capacity to grant consent follows.

- Primary school aged children should not be asked to complete the form (they often don't have a signature at this age). Parents should be asked to complete and sign the form.
- Secondary school children and parents should be asked to complete the form.
- With tertiary students or employed persons (a person 15, 16 or 17 years of age who has left school and gone to work) there is no need to inquire about age - he or she can sign alone. If a person has sufficient powers of intellect to take on a tertiary course or take up employment then by implication they have sufficient powers of intellect to understand this form.

PERSONAL INFORMATION AND MODEL RELEASE DEED

I, _____ (full name)

of _____

1. Consent to my name and personal information that I have provided in the course of interviews with La Trobe University to be to used, reproduced, communicated and published in La Trobe University's publications or in a third party's publication authorised by La Trobe University in any format for advertising or marketing purposes to be produced by the University or a third party on behalf of La Trobe University.
2. Agree to my photograph being taken and/or the making of a visual and sound recording of me by La Trobe University or a person authorised by La Trobe University and authorise the University or a third party authorised by La Trobe University to use, reproduce, communicate and publish those photographs and/or visual and sound recording for advertising or marketing purposes to be produced by the University or a third party on behalf of La Trobe University.
3. Agree that the photographs may be digitally edited by La Trobe University or a third party authorised by La Trobe University and may be published with an accompanying caption that may or may not identify me by name.
4. Confirm that I have entered into this release voluntarily. I acknowledge that the University's use or publication of personal information about me and the photographs does not give me any right to require payment, or any right to share in proceeds obtained through exploitation of the photographs.

Signed, sealed and delivered by

Witnessed by

Contact # _____

If the subject is younger than 18, the subject's parent or legal guardian must also sign:

*Signed, sealed and delivered by
the Parent/Legal Guardian*

Print Name

Signature

Date ____ / ____ / ____