**Media / Filming / Photographic Consent Form**

**(All students must complete)**

**Event:** Melbourne Activate Inclusion Sports Day

**Date:** Thursday, 18th November

**Venue:** North Melbourne Community Centre

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, as named above, consent to Disability Sports Australia and its agents (including but not limited to, any photographer, interviewer, creative agency or media organisation) recording images of me at the event identified above, for promotional purposes.

I consent to these images being used by the event organisers and disclosed to any person or organisation approved by the event organisers, including but not limited to, publishing them as part of a book, poster, brochure or report, newspaper advertisement or article, television advertisement or program, radio advertisement and any other media.

I agree that the event organisers and their agents may edit the images prior to publication, as they consider appropriate, without first consulting me.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** If you are under 18 years of age your parent / legal guardian must also provide their consent by completing the below section.

**Parent / Guardian Consent:**

I consent to the above on behalf of the child named on this form.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Statement:** The personal information submitted on this form is collected by Disability Sports Australia for consent to the use, disclosure and publication of the above mentioned child’s image. The information will not be disclosed to other parties except where permitted under the *Privacy Act 1988.*