# Authority to Publish / Broadcast / Communicate

**Image/video name:**

**Description:**

**Taken By:**

**Event/Location:**

This form is an agreement between you and [department/agency name]. Please read it carefully and sign it at the bottom if you agree with what it says.

[department/agency name] and NSW Government would like to be able to quote you and/or use any photo or image of you, that may identify you, in any form and any sound or video recording of you (collectively referred to as “the material”) in some of its electronic advertising, promotional and related material. If you sign this release form it means that you agree to the following:

* [department/agency name] and NSW Government is able to use the material, in whole or in part. We may keep the material on record and may use the material in the future and as many times as we want.
* The material may be reproduced, by us or others with our permission, without any liability on our part, in any form including, in the case of your words, photos and images, in colour or black and white and the material may be altered, distorted or blurred for design purposes and without the need to attribute your words or your image to you.
* The material may be sub-licensed to any media for the purposes of live broadcast, repeat broadcasts, catch-up services, websites or social media.
* The material may be published, broadcast or communicated by us or others with our permission, in any medium including but not limited to the internet, websites, social media channels or other multimedia and in any publication, calendar, catalogue, brochure or report.
* You will not have the right to approve the electronic material in which the material appears and you will not be paid for giving this consent or for the use of the material.
* [department/agency name] will own all rights to the use of the material and will not be held liable for any claims and/or actions arising from their use including any claims of defamation, invasion of privacy, infringement of moral rights or rights of publicity

I understand that:

* [department/agency name] is collecting my personal information for the purposes of [insert use]
* This consent is provided voluntarily and there are no adverse consequences for not providing it. I will inform a [department/agency name] representative if I do not wish for my image or voice to be recorded
* My personal information, including my image and contact details will be held at [department/agency name] at [department/agency name address]
* I can contact [department/agency name] to correct or access my details at any time

More information about how [department/agency name] manages your personal information can be found at [link to relevant page on department/agency website]

**To be able to sign this agreement you must be over 18 years of age. If you are under 18, your parent or guardian will need to sign this agreement where indicated below.**

I have read this release and I understand what it means. I am over 18 years of age.

Signature………………………………………………Date………………………………..………………...

Name ………………………………………..………………………………………………………...............

Email ……………………………………………………………………………….…………………………..

**This section is to be completed where permission is sought in relation to a minor or a person with a decision-making disability.**

I am the parent or guardian of the above-named minor who has signed this release and I hereby agree that I and the above minor will be bound by the above provisions.

Name of Guardian…………………………………………………………………………………………….

Address…………………………………………………………………………………………………………

Phone/ e-mail address………………………………………………………………………………………..

Signature…………………………………………….. Date………………………………………………..

PHOTO, FILMING AND/OR SOUND DESC……………………………………………………………….

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