



Audiovisual-Photographic-Media Consent Form

Purpose

This consent form allows the use of an image, sound/video recording or media interview of you and/or your child in future internal and/or external media publications of the Australian College of Neonatal Nurses (ACNN).

A publication is something that may be seen or heard by the public, including but not limited to:

- Television and radio (documentary/news/current affairs/talk back)
- Internet (including website and social media)
- Publications/newspapers/newsletters/brochures/magazines
- Business reports
- Advertising/media publicity
- Posters/displays/presentations

Consent

I consent to the Australian College of Neonatal Nurses and/or its authorised agents using an image, sound recording or interview that may identify me and/or my child. I agree that the photographs taken of me/my child may be published on the ACNN information platforms and therefore, may be transferred outside Australia. I understand that payment will not be received and that I can withdraw consent at any time by phoning the telephone number at the bottom of this form.

Adult (18 years old and over) Name:

of (address)

Child (under 18 years of age – must be completed by parent/guardian)

Child’s name:

Authorisation (person featured in authorised media, client, staff member, or parent/guardian,)

Signature: Mobile No..... Date:

Use of name: May ACNN to use your name/your child’s name? (tick as applicable)

Your name Yes No **Your child’s name** Yes No

Witness statement: I have verbally explained this information and witnessed the signing of this consent form.

Full name: Signature:

Position: Date:

Media collector statement: I hereby waive any interest that I may have in the copyright to any media now or at any future time. I do not expect to receive any payment or consideration in respect of them. I release ACNN, its employees, volunteers and agents from any liability (including consequential loss) connected with the reproduction, release or use of the materials.

Name: Signature:Date:

Office Use Only: Reference NumberEvent and location:

ACNN contact name: