



## MEDIA AUTHORISATION FORM

On behalf of: \_\_\_\_\_  
(Child's Full Name – Please Print)

I: \_\_\_\_\_  
(Please print full name)

Of: \_\_\_\_\_  
(Street Address, Suburb and Postcode)

\_\_\_\_\_ (Phone Number) \_\_\_\_\_ (Email Address)

Agree and acknowledge that I am the parent/guardian of the child named above and that by signing this form I:

1. Consent to video footage/photos/other images/work of my child being collected, stored and used by Inclusive Directions during the course of services delivered to my family and my child for a variety of public relations, communications and promotional activities, including for publications, promotional material, websites and advertisements, for an undefined period of time;
2. Acknowledge that any video footage/photos/other images/work used by Inclusive Directions of my child in connection with promotional activities and/or publications is an authorised use of my child's performance for the purposes of the Copyright Act 1968;
3. Understand that any video footage/photos/other images/ work taken may be shown in a public environment (in South Australia, interstate and/or overseas);
4. Agree that my child's participation in promotional activities and/or publications may be edited at the sole discretion of Inclusive Directions;
5. Acknowledge that Inclusive Directions is not obliged to include my child in the promotional activities and/or publications;
6. Release Inclusive Directions from any claim by me or anyone on my behalf and arising out of my child's appearance in promotional activities and/or publications;
7. Acknowledge that there is to be no payment or further consideration paid for my child's video footage/photos/other images/ work.
8. Understand that Inclusive Directions will manage all personal information in accordance with legislative obligations for privacy and confidentiality, and in line with the corporate Privacy & Confidentiality Policy (PoI-CS5.5).
9. Consent for the video footage/photos/other images/work to be used for an undefined period unless notification is given in writing to the Chief Executive Officer, Inclusive Directions.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date