

Film/Photo Consent Form

Activity/location/context/purpose:		
Date:(insert date)		
Ι, _		(insert name),
of		(insert address):
	r parents/legal guardians of children (if applicab	
1.	declare that I am the parent/legal guardian of the	e following child or children
(collectively, "the Children")		
2.	agree to the State of Queensland, its employees,	s, officers, agents and contractors ("the State")
	(a) making images or recordings, whether sound ("Images and Recordings");	d, digital or otherwise, of me and the Children
	medium, including but not limited to newspap	and Recordings in any form (in whole or in part) and by any pers, magazines, brochures, television advertisements, ther multi-media, for public relations, promotions, commercial erials"), social media platforms; and
	(c) retaining or storing the Images and Recording in hard copy or digitally;	ngs (including those incorporated into Promotional Materials),
3.	agree that the rights granted to the State under clause 2 of this Photo Consent Form are perpetual and that I will not receive any payment, royalty or other consideration (whether monetary or otherwise) from the State in connection with the making, use or storage of the Images and Recordings;	
4.	agree to the State collecting, storing, handling, accessing, managing, transferring, using and disclosing personal information about me and the Children, including but not limited to our name, details and image, in connection with the Images and Recordings or the Promotional Materials;	
5.	acknowledge and agree that any Promotional Materials which refer to me and the Children, expressly or by implication, are, at the date of publication, made in good faith and are not intended to defame or offend me or the Children or bring me or the Children into disrepute and, to the best of the State's knowledge, are true and correct;	
6.	agree that the State is the owner of the copyright in the Images and Recordings and the physical Images and Recordings; and	
7.	acknowledge that a representative of the State has explained the contents of this Photo Consent Form to me and I am signing this Photo Consent Form of my own free will, on the full understanding and comprehension of the terms of this Photo Consent Form.	
Signed by:		Witnessed by:
Print name		Print name of witness
Sig	gnature Date	Signature Date
Contact Officer: Department/Agency: Phone: Email:		

Privacy Notice

The Department/Agency is collecting the information on this Photo Consent Form in order to use Images and Recordings of you or the Children in Promotional Materials for the Queensland Government and as otherwise stated above. This information will only be accessed by authorised employees within the Department/Agency. Some of this information may be given to other departments/agencies, contractors of this Department/Agency and other departments/agencies for the purpose of using Images and Recordings of you and the Children in Promotional Materials. Your information will not be given to any other person or agency unless you have given us your consent or we are required or permitted by law.