



COBAW PUBLICITY AND MEDIA CONSENT FORM

Name (please print): _____

I am (tick as appropriate): Cobaw staff Cobaw volunteers
 Cobaw service user Community member
 Other _____

ADDRESS: _____

SUBURB: _____

STATE: _____ POSTCODE: _____

TELEPHONE: (H) _____ (W) _____
(M) _____

EMAIL: _____

SPECIFIC ACTIVITY/EVENT: _____

Date of activity/event ___/___/___

By signing this form and in consideration of the opportunity to participate in the outlined activity, I agree:

- to be interviewed, videoed and/or photographed
- for the words, images and/or video footage to be used in Cobaw Community Health Service Ltd's (Cobaw) print and electronic materials (including DVD), edited sections or stills from video recordings to be used to publicise the video and for other online purposes (including, but not limited to Cobaw's website and social media platforms like Facebook, Twitter, LinkedIn, Flickr, YouTube)
- that Cobaw may publish and make use of the images, words and/or video footage in current or future print and electronic materials for any lawful and reasonable use without requesting further permission
- that Cobaw may arrange for a third party (e.g. a journalist) to photograph and/or conduct an interview with me for television, radio and/or an article in a printed publication
- that my image and/or statements to appear in printed publications or on television, internet, radio or any other media formats
- that I will not be paid a fee or other reward
- that my images or words may be disclosed to Cobaw's partner organisations and/or funding bodies, for use in their materials (e.g. training materials, annual reports) so long as my prior consent is first obtained.

Further I understand that I:

- represent and warrant that there are no restrictions that prevent me from granting the rights that I grant, and performing my obligations, as stated in this form
- irrevocably release Cobaw and its respective officers, contractors, advisors and employees from any liability to me now or in the future (including in negligence) with the use of any of the words, images and/or video footage in accordance with this form, and
- understand and agree this form is governed by the Privacy Act 1988 (Cth.).

I have read this document fully and understand its terms and sign it freely and voluntarily.

SIGNATURE: _____ DATE: _____

Tick the box(es) below if you do not wish to have your name (or your child's name) published

- I wish to remain anonymous I want my child to remain anonymous

Parent/guardian to complete the following section if person is under 18 years

By signing this form I understand I am agreeing to the points above on behalf of

_____ (insert child's name)

SIGNATURE: _____ DATE: _____

Note: Please keep the original on the consenting person's file and send a copy to the Corporate Services Team