

Image Consent and Release Form – Photography, Audio and Video

1. **Description:**

2. **Location:**

3. **Date:**

- I, the undersigned, consent to my photographic image, audio or video being taken by _____ (*name of photographer/filming organisation*) and used and reproduced in any format for advertising, entertainment, trade or any lawful purpose and I accept that no payment is due to me.
- I understand that my name may be published with such photo/s, audio or video.
- I waive any right to inspect or approve the finished product.
- I understand that any intellectual property, including copyright and image rights, which arises in the visual image(s), audio belongs to _____ (*name of photographer/filming organisation*)
- My signature below signifies my approval and I therefore have no claims for compensation from _____ (*name of photographer/filming organisation*)

Family Name:		Date of Birth:	
Given Names:		Day time phone number:	
Address:		Date:	
Signature:			
Signature of Guardian (if under 18 years old)			
Name of Guardian:			
Relationship:			
Address of Guardian:			