

**Talent release and consent form**

**I understand that:**

* I give consent to be filmed, photographed, recorded and/or interviewed   
  (‘the Material’) by the Department of Health.
* I give the Department of Health the right to use the Material for the purpose of promoting public health in any way, including but not limited to:
  + broadcasting or publishing the Material
  + communicating the Material to the public
  + reproducing or creating derivative works of the Material in any way including but not limited to film, posters, brochures, audio, video and websites
  + reproducing quotes and interview text, in written, audio, video or other formats.
* the Department of Health will retain the Material and may display and re-use it at any time, in multiple occurrences, with no further consent or communication.
* I will not be paid at any time for this consent.
* the Department of Health owns the copyright and all intellectual property rights in the Material.
* I agree not to make any claim against the Department of Health or its officers, employees and agents arising out of the use of the Material.
* the interview(s), if applicable, will identify me not identify me.
* in the unfortunate event of the death of a person photographed, filmed or interviewed, the Department of Health, if informed of the death:
  + will immediately cease to use the Material in any way, if requested
  + cannot withdraw any materials, including electronic products, which are already in circulation.

Signature Date

Please print all personal details\*

First name Age

Family name

Address

Phone

Email

**I am the consenting parent/legal guardian for these children:**

Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_

Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_

\* Personal details are only requested for recordkeeping purposes.