

I, the undersigned, enter into the following agreement (Agreement) with Cancer Council Victoria, permitting Cancer Council Victoria, other state/territory Cancer Councils, and its/their employees, agents, contractors or related parties now or in the future (Cancer Council) to:

- Take and/or use a **photograph(s)** of me, either complete or in part
 Capture and/or use **film, video** or **audio footage** of me, either complete or in part
 Use **quotes, text** or **artwork** composed by me, either complete or in part

(together, Released Media) for any Cancer Council media, promotional and/or presentation purposes (including publicity, merchandising, editorial, educational, fundraising), in any country and in any type of media without qualification (eg. newspapers, magazines, other print publications, radio and television broadcasts, social media, websites, webinars, podcasts, vodcasts or other formats now known or later developed).

I consent that my name, image, likeness and/or voice or any other information may be used or displayed on, in, with or in connection to the Released Media.

I understand that I do not have any interest in the copyright to the Released Media. The Released Media will become Cancer Council's property.

I understand and agree that the Released Media may be edited, modified, altered, cropped, combined, duplicated, used, re-used or similar with other content such as images, video, audio, text, graphics or other media forms.

I waive any right to review or approve any uses of the Released Media. This Agreement will continue in perpetuity unless I have requested to withdraw my permission and Cancer Council has agreed.

I have the right to enter into this Agreement and am not restricted by commitments to third parties. I warrant that Cancer Council's use of quotes, text or artwork composed by me will not infringe the rights of any other person.

I consent to Cancer Council having the right to do any or all acts or omissions which may or would otherwise be inconsistent with my moral rights.

I acknowledge that I have not received nor will receive payment from Cancer Council unless otherwise agreed by Cancer Council in writing.

I confirm I am over 18 years old, or I am the parent or legal guardian of the minor named below and I have read the above clauses and understand their content.

Name:

Address:

Phone: **Email:**

Date:

Signed: **Printed name:**
(if subject is over 18 years)

Parent/guardian signed: **Printed name:**
(if subject is under 18 years)

Witness signed: **Printed name:**

File information

Media type: Photograph Video Audio Other:

Media in support of (first use):

Extra notes: **Date media acquired:**