AUDIO/VIDEO RELEASE FORM*

Multiple participants

THE UNIVERSITY OF ADELAIDE SA 5005
AUSTRALIA

TELEPHONE: +61 8 8303 4455
www.adelaide.edu.au
CRICOS Provider Number 00123M

Please save this form into the University's recordkeeping system, TRIM.*

I grant permission to the University of Adelaide to make audio and/or video recordings of this session and to reproduce, communicate or otherwise use some or all of these recordings for the University's educational or staff development purposes.

I warrant that none of my contributions to this session infringes the moral rights or copyright of any third party and that I am authorised to grant this permission.

I understand that the recordings may be edited however the University of Adelaide will not edit the recordings so as to misrepresent me or to alter the meaning of my contributions.

I further grant consent to the University to take photographs of me at this session and to use the photographs for the purposes of University publications (hardcopy and electronic), and educational and staff development purposes.

Session Name: .....

Session Date: .....

Session Location: .....

Name and Contact address	Signature	Date

* Please scan this document and register into your Records Management File in TRIM.
If you require further assistance please call the TRIM helpdesk on 35334 or email trimhelp@adelaide.edu.au

Name	Signature	Date