

University talent release and copyright agreement form

make
history.



This form verifies that the person named below grants permission to the University of Adelaide, its agent, or any assignee, to use, reproduce and communicate (in hardcopy or electronic format) any photographs, audio and/or video recordings taken of them and/or their child.

I _____
of (address) _____
Email: _____ Phone/mobile: _____
For the purpose of: _____

HEREBY WARRANT and AGREE:

1. That I assign any copyright in any photographs, audio and/or video recordings, including commercial(s), film(s), multimedia, Internet voice recording(s), sound recordings, print, advertising or any other hardcopy or digital format featuring me ("**any image**") and taken or recorded by the UNIVERSITY OF ADELAIDE (ABN 61 249 878 937) of North Terrace Adelaide 5005 or its agent named below:

(insert name of photographer/film company/etc)

2. That all right, title and interest in any image will vest with the University of Adelaide and will be its property free from any claim by me.
3. That the University of Adelaide may, at its absolute discretion, use, reproduce and communicate any image for commercial and non-commercial purposes, whether hardcopy or digital, moving or still, with or without retouching, adapting or otherwise altering any image for use anywhere in the world.
4. That I understand this may result in public disclosure of my and/or my child's image.
5. That all information provided is true and correct and I take full responsibility for its accuracy and use of the information.
6. That, to the best of my knowledge, the use of any image does not breach any copyright, exclusivity, confidentiality or any other limitations of any third party.
7. That the rights assigned herein are in addition to, and not in substitution for, any rights the University of Adelaide may have under the *Copyright Act 1968* (Cth).

Signed by the **INDIVIDUAL** named above:

Note: If any image is of a child then parent/guardian permission and signature is required.

Signed: _____ (Individual / Parent / Guardian – strike out not applicable)

Date: _____

Preferred pronouns (e.g. she/her/hers): _____

Signed by **THE UNIVERSITY OF ADELAIDE** by a duly authorised officer:

Signed: _____ Name: _____

Date: _____ Position Title: _____

OFFICE USE: Describe image taken: _____

Date taken: _____ Event/project: _____