

Form A2

Victorian Health Promotion Foundation (VicHealth)

Video and photograph consent form (with copyright licence)

Image Number(s)
For VicHealth use only

NOTE: This form should be signed by persons providing photographs or video footage to VicHealth. The form includes a copyright licence and privacy consent to use the person's images. It may only be used where the person signing the form is over 18 years old. Where more than one person appears in the image, a separate consent form should be signed by each person.

Campaign / event details: _____ WALK TO SCHOOL 2015 _____

VicHealth contact: _____ Sarah Posner _____

Thank you for providing your photograph(s) and/or video footage (**the materials**) to the Victorian Health Promotion Foundation (**VicHealth**). VicHealth would like your permission to use the materials in the future for any educational and/or promotional purpose that is consistent with VicHealth's responsibilities. Please read this form carefully before signing it.

Contact Details

Name of person providing consent:

Address: _____

Phone: _____ Email: _____

Copyright Licence

Please tick the box that applies:

☐ I am the owner of the copyright in the materials under the *Copyright Act 1968 (Cth)* and warrant to VicHealth that this is the case and that I have obtained any permissions necessary in order to grant the licence to VicHealth in accordance with this form;

OR

☐ I am not the owner of the copyright in the materials under the *Copyright Act 1968 (Cth)* and warrant to VicHealth that I have permission from the copyright owner and have obtained any other permission necessary to grant the licence to VicHealth in accordance with this form.

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Continued overleaf

Where I am the author or maker of the photographs and/or footage, I acknowledge and agree that in respect of such use it is reasonable not to identify me as the author or maker of the work.

I understand that VicHealth cannot control or be held responsible for any adverse or defamatory use of this footage and/or these photographs by third parties, once they have been published online or in printed format.

I understand that I will not receive any compensation of remuneration from VicHealth arising out of the use of the materials.

Privacy Consent

To the extent that my personal information appears in the materials, I consent to VicHealth using the materials for any educational and/or promotional purpose that is consistent with the responsibilities of VicHealth.

I understand that VicHealth will comply with the *Information Privacy Act 2000* (Vic) in connection with my personal information.

Withdrawal of Privacy Consent

Please note that you are entitled at any time to withdraw your consent to the above uses of your personal information by contacting the Privacy Officer by telephone on 03 9677 1333 or in writing to VicHealth, PO Box 154, Carlton South, Victoria 3053.

If you do withdraw your consent, VicHealth will discontinue any further use of the image and/or video footage and will use its best endeavours to remove such image and/or video footage from its online publications.

You acknowledge that VicHealth's ability to remove your image and/or video footage from the internet is limited where such materials have been published by third parties.

Authorisation

I represent and warrant that I am at least 18 years of age and have read and understood this form.

I agree to the terms and conditions above.

Signature: _____ Date: _____

VicHealth's Privacy and Freedom of Information policies are available from www.vichealth.vic.gov.au