



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 a privacy consent to use of 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 (this form is provided below).

Individual privacy consent forms are not required where the photos were taken at a public event such as a match day. For public events a sign must be prominently displayed notifying people that photos will be taken and offering the option not to appear in the images.

Active Club Grants 2014/15

VicHealth contact: Brenton Mendes, Active Club Grants, Project Officer

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 on behalf of club/organisation:

Organisation Name: _____

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.

I grant to VicHealth a non-exclusive, worldwide perpetual, transferable licence (including the right to sublicense) to use, reproduce, adapt, modify, publish, distribute and communicate the materials in a range of online and printed formats including but not limited to printed publications, television or print advertising, online publications and on websites, YouTube, Facebook, Twitter, blogs, microblogs and any other media (including social media) for any educational and/or promotional purpose that is consistent with the responsibilities of VicHealth.

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 Form (only where photos are taken not at a public event)

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.

Please complete this box if you are providing consent on behalf of the person appearing in the footage and/or photographs.

Name of parent or legal guardian (if applicable):

Address: _____

Phone: _____ **Email:** _____

Privacy Consent

I give permission to VicHealth to use the video footage and/or photographs for any educational and/or promotional purpose that is consistent with VicHealth's responsibilities. I understand that the video footage and/or photographs may be used in a range of online and printed formats, including but not limited to printed publications, television or print advertising, online publications and on websites, YouTube, Facebook, Twitter, blogs, microblogs and any other media (including social media).

I understand that VicHealth cannot control or be held responsible for any adverse or defamatory use of this footage and/or these photos 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 footage and/or photographs.

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

Withdrawal of Consent

Please note that you are entitled at any time to withdraw your consent to the above uses by contacting Brenton Mendes, Active Club Grants, Project Officer by telephone 03 9667 1308 or in writing to VicHealth, PO Box 154, Carlton South Vic 3053.

If you do withdraw your consent, VicHealth will discontinue any further use of the image/s 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 consent form. I agree to the terms and conditions above.

Signature of person appearing in the photographs (for persons 18 years or over):

Signature*: _____ **Date:** _____

Or

Signature of parent or legal guardian of the person appearing in the photographs (for persons under 18 years of age or subject to a guardianship order)

Signature*: _____ **Date:** _____

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

Withdrawal of Privacy Consent

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