Photo Shoot, Video & Testimonial / Consent Form

Thank you for agreeing to assist the University by being involved in this photo and/or video shoot, and the submission of a personal testimonial(s).

Once completed, please return this form to your relevant Campus contact:

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Please read the below carefully, then sign and date this form to consent to its contents.

Name: _____ Degree: _____

High school: _____ Address: _____

Phone: _____ Email: _____

Transferred to Notre Dame from another uni ❑ Completed pathways program prior to degree ❑ Graduate ❑ Staff ❑

I _____ hereby authorise The University of Notre Dame Australia to use photographs and/or video footage taken of me and also any testimonial(s) that I provide in any University publication or advertisement (in various formats including cinema, television, newspaper, online advertising including social media and outdoor advertising), electronic and hard copy publications, University-related websites and social media sites and in any other similar ways deemed appropriate by the University.

I understand that I will not be entitled to any remuneration for the use of these photographs and/or testimonial(s) by the University and I hereby assign to the University any rights I may have in relation to these photographs and/or testimonials.

Signed: _____ Date. _____

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