

Use of name, image, testimonial or video or sound recording

Department of Health and Human Services consent form

Project name:	Victorian Government Youth Summit 2017
Department contact:	youth@dhhs.vic.gov.au 9096 1577

Thank you for participating in this event with the Department of Health and Human Services (the department).

The department on behalf of the State of Victoria would like to use the name, image, written testimonial and/or video or sound recording of you, your child, or an individual for whom you have authorised decision-making responsibility (as the case may be) for the purpose of this event project and for future youth events.

Please read this consent form carefully before signing.

The department recommends that you obtain independent legal advice if you do not understand the nature of the consent you are being asked to provide or the meaning of any of the terms or provisions contained in this consent form.

What is this consent form for?

This consent form authorises the department to use the name, image, written testimonial and/or video or sound recording in publications, websites, productions and presentations in connection with the event or future youth events.

The consent extends to use of any image, written testimonial and/or video or sound recording in whole or part and to any adaptations used alone or in conjunction with words, sounds and/or images.

What is an image, testimonial or recording?

An image, testimonial or recording referred to in this consent form includes photographs, artistic works, video, film or sound recordings, written statements or accounts, transcriptions of sound recordings and adaptations of an image, testimonial or recording referred to in this consent form.

Modification or withdrawal of consent

You can modify or withdraw your consent in writing at any time.

However, any changes to the use of the name, image, written testimonial and/or video or sound recording will only apply from the date the department receives your withdrawal or modification of the consent.

Any existing material in which the name, image, written testimonial and/or video or sound recording is used will not be withdrawn from use and publication.

Privacy information

The department is collecting the information contained in this consent form to verify the consent for use of the name, image, testimonial and/or video or sound recording for the purposes contained in this consent form.

PLEASE SIGN THIS FORM AND PROVIDE TO YOUR REGISTERING ORGANISATION/ SCHOOL BEFORE OR ON THE DAY OF THE SUMMIT.

The department is required to comply with the *Privacy and Data Protection Act 2014* (Vic) in relation to the collection, use, storage, security, and disclosure of personal information.

If you have any queries about any privacy issues that relate to this consent form, please contact the department's privacy team:

- Telephone: (03) 1300 884 706
- Email: privacy@dhhs.vic.gov.au

Consent and release

1. Consent

I give consent to the State of Victoria (acting through the department), without any personal compensation, to take or use an image, video or sound recording of me, or created by me, my written testimonial, or any contribution of mine deemed to be a performance under the *Copyright Act 1968* (Cwlth) and to make, use and/or retain such image, written testimonial and/or video or sound recording that may identify:

- **me**
- **my child**
- **or an individual for whom I have authorised decision-making responsibility**

(strike through whichever does not apply).

I:

- **allow**
- **do not allow**

(strike through whichever does not apply)

- **my name**
- **my child's name**
- **the person's name for whom I have authorised decision-making responsibility**

(strike through whichever does not apply)

to be used in association with the image, written testimonial and/or video or sound recording.

I assign to the department the ownership of any copyright I own or may acquire in my image, written testimonial or video or sound recording, and grant the department a royalty free licence to use any other copyright material of mine to the extent necessary to allow the department to

exercise its rights in the image, written testimonial and/or video or sound recording.

I consent to any and all acts or omissions, whether occurring before or after the giving of this consent, that may otherwise infringe any moral rights in the image, written testimonial, video or sound recording or copyright material.

I consent to the image, written testimonial and/or video or sound recording being published or otherwise used by the department in various forms, including but not limited to reports, newsletters, websites, films and brochures, with or without descriptive text or commentary.

2. Release and waiver

I waive any rights, claims or interest I may have to control the use of the name, image, written testimonial, video or sound recording in connection with the event or future youth events and I release the department in relation to same.

3. Undertakings

I understand that by giving consent, the department can use the name, image, written testimonial and/or video or sound recording in publications, websites, productions and presentations in connection with the event or future youth events.

The department may reproduce, in whole or in part, the image, written testimonial and/or video or sound recording in any form or medium including the Internet, CD-ROM or other multimedia.

The department may provide the image, written testimonial, video or sound recording to any other government department.

It may also licence the image, written testimonial, video or sound recording to any agency or other organisation as it sees fit.

I understand that the department:

- will not pay me for giving this consent or for the use of the image, written testimonial and/or video or sound recording;
- may keep the image, testimonial and/or video or sound recording; and
- may use the image, testimonial and/or video or sound recording for this event or other future youth events.

4. Your details and authorisation

Project name:	Victorian Government Youth Summit 2017
Department contact:	youth@dhhs.vic.gov.au 9096 1577

You must complete the strike through options in **bold** in 'Section 1. Consent' on page 2.

I agree to the terms and conditions above.

Full name:	
Date of birth:	
Telephone:	
Email:	
Address:	
Full name of guardian: (if consenting for a person under 18 years of age or where otherwise applicable)	
Address of guardian:	
Signature:	
Date:	

Note: While the department will use its best endeavours to verify the identity of the person signing this consent form, it takes no responsibility for loss or damage in circumstances where it is misled as to the identity or authority of the person signing the consent form.

The person signing the form is consenting to 'the image, written testimonial and/or video or sound recording being published or otherwise used by the department in various forms, including but not limited to reports, newsletters, websites, films and brochures, with or without descriptive text or commentary.'

If the person signing this form wishes to limit the consent given, they must provide details of this in writing on the reverse of this form or alternatively attach a signed letter providing these details.

PLEASE SIGN THIS FORM AND PROVIDE TO YOUR REGISTERING ORGANISATION/ SCHOOL BEFORE OR ON THE DAY OF THE SUMMIT.

To receive this publication in an accessible format [email the Publishing Studio](mailto:publishing.studio@dhhs.vic.gov.au)
<publishing.studio@dhhs.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
© State of Victoria, Department of Health and Human Services, 2016.

Available on the [Consent for using names, images, testimonials or recordings intranet page](https://intranet.dhhs.vic.gov.au/consent-for-using-names-images-testimonials-recordings)
<<https://intranet.dhhs.vic.gov.au/consent-for-using-names-images-testimonials-recordings>>.