



University of
South Australia

Talent Release Form

Name of Person Completing Form: (referred to as I)

UniSA Student ID (if applicable): E-Mail:

Brief description of visuals/audio recorded (including date and location):

.....
.....

1. I understand that my image, likeness, voice, testimonial, name and/or any other representation of me will be recorded or captured at the session undertaken for the University of South Australia (**University**) described above (**Images**).
2. I consent to the University (and anyone acting within its authority) using, reproducing or editing the Images:
 - a. for educational purposes;
 - b. to promote the University and its available courses/programs; and
 - c. to enable any product in which the Images appear to be licensed, distributed, exhibited or sold (including for a commercial return), (**Image Rights**).
3. The Images may appear, or be referenced in, any medium, including written publications, audio, video or other media which may exist in the future.
4. In exercising the Image Rights, the University will not intentionally disparage, denigrate or damage my name or reputation.
5. I acknowledge that I will not:
 - a. acquire any rights over any product in which the Images are used, or any monetary proceeds which are derived from their sale, licensing, distribution or other use; and
 - b. be paid for acting as a participant in the session or providing the above consents.
6. I release the University (and anyone acting with its authority) from any claims relating to the above consents.

Signature of Person Completing Form: Date:

(if the person signing is aged under 18, a parent or legal guardian must sign below)

I am the parent or legal guardian of the above person and I also give my consent to the terms of this form.

Name of Parent or Guardian:

Signature of Parent or Guardian: Date:

UniSA Contact details

Project Coordinator:

Project Coordinating School/Division/Unit:

Revised: March 2015

First name	Last name	Signature