



Photographic Consent & Media Release Form for Staff and Students

This consent form is applicable for staff and students attending the High School Cancer Challenge event held at the Walter and Eliza Hall Institute.

This consent form will authorise the Australian Cancer and Health Sciences Competition Incorporated (ACHSC) and the Walter and Eliza Hall Institute (WEHI) to use, print and distribute photographs and any other forms of media material for educational, informational and promotional purposes.

This material may be provided to any third party, including but not limited to ACHSC and WEHI partners, media organisations and government bodies for their use as they see fit

Image use by the ACHSC and WEHI, and partners may include, but is not limited to publications and newsletters, newspaper articles, advertising material, social media posts and websites.

This Media Release Form will be kept on file by the organisers of the WEHI as reference for individual approval.

Name (student/teacher)

Name of Parent/Guardian
(if student)

School

If the above named is a minor under the age of 18 years, I certify that I am the parent or guardian of the above named. I hereby agree to assume legal responsibility for the authorisation referred to in this Media Release Form.

I have read the explanation above, and give my unreserved permission for ACHSC and WEHI to take photographs, video footage, or sound recordings of the above named.

I authorise the use of any photographic or electronic reproductions for any ACHSC and WEHI publications or productions, including but not limited to educational and other public media, as deemed appropriate for the purpose of promoting ACHSC and WEHI, with the understanding that individuals may be identifiable from any photographic or electronic reproduction.

I waive any rights and claims to any fees and royalties or other benefits whatsoever for or in connection with use of the photographic and electronic media.

This consent - for both ACHSC and WEHI - remains valid until withdrawn by me, in writing and directed to ACHSC.

I have read and agree to the Terms.

Signed (student/teacher)

Signed Parent/Guardian (if
student)

Date