



Media and Feedback Sharing Consent Form

I (Participant/parent/caregiver) hereby consent to the Moorundi Aboriginal Community Controlled Health Service Ltd. (MACCHS) to take or have taken by others, photographs, digital images and/or audio and/or video footage (the images), narrative and/or written feedback of the participant named below, and to store the content, make copies of the content and publish the content in any form, in whole or in part, and distribute them in any medium including, but not limited to, print media, the Internet, other multi-media uses or graphic representation, cinematography or video.

I consent to the content being used by MACCHS or provided to others for the following purposes only:

- General news or promotion of the event on TV, Radio or in Newspapers, in trade and other journals and on websites and the internet.
- The production of resources/programs that will assist in advertising the programs available at MACCHS.
- Promoting and advertising the resulting promotional/informative products,
- Program Evaluation,

The MACCHS undertake not to use any content in a way that would cause embarrassment or misrepresent the intent of the participants' involvement.

I understand that the participant will not be paid for giving this permission and I hereby waive any claim that I or we may have or may have had for remuneration, residuals, royalties or any other payment in respect of use of the images.

I agree that Moorundi Aboriginal Community Controlled Health Service Ltd. have consent to use the content provided.

Participant Name (please print): _____

Participant Signature: _____ Date _____

Parent / Caregiver name (please print): _____

Parent / Caregiver signature: _____ Date _____