



PHOTO / RECORDINGS RELEASE FORM

I,.....(parent/caregiver's name),
of.....
.....(home address)

grant permission to the University of Adelaide to use, reproduce and communicate (in hardcopy or electronic format) any photographs, audio and/or video recordings taken of(child's full name) over the time period below, for the following purposes:

- University publications and promotional activities (including but not limited to the University's website and social media sites, promotional and marketing materials and student recruitment activities);
- The University's administrative and teaching purposes

I acknowledge and agree that this may result in public disclosure of my child's image.

Photo / Filming Dates: January 1st to December 31st 2020
Events: All Children's University Australasia Activities

Signed:.....
Email:

THANK YOU FOR YOUR ASSISTANCE

Administrative use only

Photographer:
Event / Project:
Phone file name/ no: