**Multimedia Consent Form**

**Video/Photographic/Audio/Communication Release**

To be completed by staff or members of the public participating in any Oceanside Health & Wellness videos, photograph or audio recording.

1. **Participant details:**

Full Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Home Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

1. **Video/ Photographic/Audio/Communication Release:**

* I authorise Oceanside Health & Wellness to take and use any videos, photographs, or audio recordings of me/the vulnerable person and any other reproductions or adaptions of my/the vulnerable person’s likeness of “the material”, either in full or part, in conjunction with any wording or drawings, in any Oceanside Health & Wellness publications, production or presentation.
* I understand that Oceanside Health & Wellness may engage persons to act on their behalf to undertake this task.
* I acknowledge that I have / the vulnerable person has no rights in the material nor in any Oceanside Health & Wellness publication, production or presentation that includes the material.

1. **Authorisation:**

* I authorise Oceanside Health & Wellness to take the actions indicated above.

**Signature of participant:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**If the participant is a vulnerable person:**

Full Name of the vulnerable person’s Parent/Guardian/Caregiver: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

**Signature of vulnerable person’s**

**Parent/Guardian/Caregiver:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

1. **Important information for participants:**

* **What is this consent form for?**

This consent form, when completed and signed by the participant, and where the participant is a vulnerable person, the participant’s Parent, Guardian or Caregiver will authorise Oceanside Health & Wellness to use any video footage, photographs, or audio recording of the participant in Oceanside Health & Wellness publications, productions and presentations.

* **Who is a vulnerable person?**

a) A Child: defined as any person who **has not turned 18 years of age**; or

b) An individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason.

* **What happens to the consent form once completed?**

The consent form will be placed on file and retained by Oceanside Health & Wellness. If requested, a photocopy of the form will be made available to the participant.

* **Who should sign the consent form?**

Participant and/or vulnerable person’s Parent, Guardian or Caregiver.

The participant AND if the participant is a vulnerable person, the Parent, Guardian or Caregiver.