

## PHOTOGRAPHY, VIDEO AND ELECTRONIC MEDIA RELEASE & CONSENT FORM

Show Society Name	
-	

Date of Event

I hereby consent and authorise the Agricultural Societies Council of NSW Limited and/or the Show Society named above to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorise The Agricultural Societies Council of NSW to copyright the Materials, and I authorise The Agricultural Societies Council of NSW to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to university publications, catalogues, articles, magazines, brochures, websites or publications, electronic or otherwise, without notifying me.

I also agree that The Agricultural Societies Council of NSW Limited and/or the Show Society named above may identify me by name, and such other identifying information i.e. hometown, etc.

## (If the person does not wish to be identified by name, etc., please have them cross through the above sentence, and initial here.) \_\_\_\_\_

I agree that I am participating on a voluntary basis and I will not receive any payment for signing this release or as a result of any publication of the Materials.

I represent that I am at least 18 years of age, or if not, that I have secured the signature of my parent or legal guardian as it appears below.

If OVER 18 \	ears of Age	on the day	of the	event

Participant's Name							
Date							
Signature							
If UNDER 18 Years of Age on the day of the event							
Parent/Guardian Nam	ne						
Date							
Signature							
	PO Box 1047, Hunters Hill 2110	02 9879-6043	asc.admin@ascofnsw.org.au				