On completion of this form, please email to coastcare.victoria@delwp.vic.gov.au. Alternatively signed hard copies can be delivered to: Communications Division, 8 Nicholson St, East Melbourne Vic 3002 DX 210098

# Coastcare Victoria contact details:

Name Phone

Email Date

Project name

# Brief description of photo(s)

Thank you for participating in the project for Coastcare Victoria, on behalf of the Victorian Government (and its various departments and agencies). Coastcare Victoria may use photos taken of you today to publicise the project and may retain the Photos for future possible use in other projects. This can only occur with your approval, so please read this Participant photography consent form carefully before signing.

**Terms and conditions**

By signing this form, you consent to the Victorian Government freely using your photographic image without any personal compensation or remuneration. You also relinquish and waive any current or future rights in connection with the photos, including any intellectual property rights you may have in the photos.

Your consent is subject to the Victorian Government not using your image in a negative, unethical or defamatory manner, or for commercial gain or political purposes. The photos remain the property of the Victorian Government (and/or its agents) and any personal details linked to the photos must be kept confidential and not used for any other purpose.

**Consent** (please initial one option only)

|  |  |
| --- | --- |
| Coastcare Victoria and/or other Victorian Government departments and agencies may use my | I indicate my agreement |
| photographic image in printed and electronic materials related to the above project | by initialling here: |
| and may store my image(s) for possible future use in other projects. |  |
| **OR** |  |
| Coastcare Victoria and/or other Victorian Government departments and agencies may use my | I indicate my agreement |
| photographic image in printed and electronic materials related to the above project, | by initialling here: |
| but cannot use them for different projects or purposes without making reasonable |  |
| efforts to contact me to gain my express permission. |  |

# Authorisation

|  |  |
| --- | --- |
| I am over the age of 18 years and have read, understood and freely agree to the terms | I indicate my agreement |
| and conditions above. | by initialling here: |
| **OR** |  |
| The participant is under the age of 18 years. I am the parent/legal guardian of the | I indicate my agreement |
| participant and have read, understood and freely agree to the terms and conditions | by initialling here: |
| set out above. |  |

**Participant’s details:**

Full name (please print)

Name of parent/legal guardian (if participant is under 18 years of age)

The participant is of Aboriginal or Torres Strait Islander descent (please tick box if this applies)

Address Phone Email

**Authorisation**

I agree to the terms and conditions above.

Signature (or guardian’s signature) Date

All personal information collected, used and stored by DEECA (on behalf of the Victorian Government) is subject to the Information Privacy Act 2014.

