



MACQUARIE UNIVERSITY IMAGE CONSENT FORM (ADULT)

Shoot title: _____ **Date:** _____

Macquarie University reproduces images of students, staff and others to promote the University in its publications, on websites and in marketing material.

The University may need to take, use and reproduce photos or videos of you (the **model**) for this purpose and is seeking your consent to do so.

The University undertakes not to use the images in any way that would misrepresent the intent of your participation.

Images of you may be considered personal information under privacy legislation. Information relating to the University's collection, use, storage and disclosure of personal information can be found at mq.edu.au/about_us/how_mq_works/privacy/. If you have any queries or concerns about the management of your personal information, please contact the Privacy Officer (privacyofficer@mq.edu.au).

CONSENT

I consent to Macquarie University:

- (a) taking or having taken photographs, digital images and audio and video footage or creating a likeness (the **images**) of me;
- (b) storing, making copies of and publishing the images in any form, in whole or part; and
- (c) distributing the images in any medium including print media, the internet, digital and online media and video.

I understand that I will not be paid for giving this consent and I waive any claim for remuneration, royalties or any other payment in respect of the use of the images.

I agree that all rights to the images belong to Macquarie University. I agree that this consent is irrevocable, worldwide and perpetual, and will be governed by the laws of the state of New South Wales, Australia.

I am at least 18 years of age and have the full legal capacity to provide this consent.

MODEL INFORMATION

Model name: _____ **DOB:** _____

Address: _____

Signature: _____ **Date:** _____

WITNESS (Note: All persons signing and witnessing must be of legal age and capacity in the area in which this consent is signed. A person cannot witness their own consent)

Signature: _____ **Date:** _____

Address: _____