

## COMMUNICATIONS CONSENT FORM

<b>Form Number:</b>	<b>4.1.0.2</b>	<b>Approved by Management Committee:</b>	24 <sup>th</sup> November 2020
<b>Version:</b>	<b>3.0</b>	<b>Signed off by Executive:</b>	24 <sup>th</sup> November 2020
<b>Responsible person:</b>	<b>Coordinator</b>	<b>Scheduled Review Date:</b>	24 <sup>th</sup> November 2023

### Photographic Images, Stories, Video Footage & Sound Recordings

#### 1. Release and Permission:

I confirm that the person named in this consent form has agreed to the use of the following content; (please tick appropriate boxes)

- Photographic Images
- Stories
- Video Footage /Sound Recordings

The use of this permission extends to the following uses (please tick appropriate boxes);

- Newsletters (printed and electronic)
- Brochures
- Promotional materials and presentations
- Facebook and other social media
- Website

#### 2. Instructions:

Capricorn Citizen Advocacy may use my digital likeness and/or photographic images, stories, video footage and sound recordings for official purposes. I grant Capricorn Citizen Advocacy the right to use this material on its website, social media and in its publications, which may include newsletters and newspapers, brochures, video collages, etc.

- Capricorn Citizen Advocacy has the right to crop and/or collage the image(s) with others.
- Capricorn Citizen Advocacy may transmit this information in digital form over the Internet.

### 3. Waiver of Liability:

Signing this form releases and forever discharges Capricorn Citizen Advocacy and its agents, officers and employees, from any and all claims and demands arising out of or in connection with the use of said photographs/film, including but not limited to, any and all claims for invasion of privacy, defamation, or financial compensation.

### 4. Accepted and Agreed:

Name: ..... (please print name)

Phone/Mob No.: .....

Email: .....

Signature: .....

Date: ...../...../.....

Signed on behalf of the abovenamed person by:

Name: ..... (please print name)

Signature: .....

Date: ...../...../.....

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