Government of **Western Australia**
**WA Country Health Service**

# Photography and film consent form – Adult

**I understand that:**

- I give consent to be filmed and/or photographed by the WA Country Health Service.
- I give the WA Country Health Service these photographic rights, for the purpose of promoting public health:
    - broadcasting the images
    - publishing the images
    - communicating to the public
    - reproducing the images in material form including but not limited to film, posters, brochures, websites and social media
- WA Country Health Service will retain the images and may display and re-use them at any time, in multiple occurrences, with no further consent or communication.
- I will not be paid at any time for this consent.
- WA Country Health Service owns the copyright and all intellectual property rights for all material involving these images.
- I agree not to make any claim against the WA Country Health Service or its officers, employees and agents arising out of these photographic rights.
- in the unfortunate event of the death of a person photographed, the WA Country Health Service, if informed of the death:
    - will immediately cease to use the images in any way, if requested
    - cannot withdraw any materials, including electronic products, which are already circulating the images.

Signature _____ Date _____

**Please print all personal details***

First name _____

Family name _____ Age _____

Address _____

_____ Phone _____

Email _____

☐ **WACHS staff only:** Tick this box to agree to **ongoing consent** in future, as per above.

* Personal details are only requested for recordkeeping purposes

**Admin only**: Event/Location: _____ Staff contact name: _____