



# Emergency Risk Management QLD Pty Ltd

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## MEDIA CONSENT FORM (Photographic/Video/Audio/Communication Release/Promotional)

Please complete all following details and attach all supporting documentation requested as evidence

<b>Participant Name:</b>		<b>Date of Birth:</b>	
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I grant permission to Emergency Risk Management QLD representatives, to take and use photographs / digital images and / or videos of me for use in:

### 1. Photographic evidence - Participant

- Media releases, media articles – including newspapers, audio recordings, radio, television, printed publications and / or educational materials.
- Electronic publications and communications such as business Facebook, Instagram and website profiles.
- I agree that my name and identity may be revealed in descriptive text or commentary in connection with images or videos.
- I authorise the use of these images without compensation to me. All negatives, prints, digital reproductions, shall be the property of Emergency Risk Management QLD.
- I approve the use of photographs, audio recordings and videos to be used for office use and for training purposes within our training environment.

Yes / No

### 2. Photographic/video/audio/communication release/promotional purpose

I authorise Emergency Risk Management QLD to take and use any photographs, video or sound recording of me and any other reproductions or adaptations of myself or likeness (“the material”), either in full or part, in conjunction with any wording or drawings, in any Emergency Risk Management QLD publications, production or presentation. I acknowledge that I have no rights in the material nor in an Emergency Risk Management publication, production or presentation that includes the material.

Yes / No

I consent to any photograph of me or any photograph in which I appear that has been taken by Emergency Risk Management to be used on internet-based sites such as the Emergency Risk Management QLD website and/or Facebook page.

Yes / No

### Authorisation

I authorise Emergency Risk Management QLD to take the actions as indicated above.

Signature of Participant:

Date:

### Participants Under 18

Name of Parent/Guardian:

Signature:

Date:

### Important information for Participants

This consent form, when completed and signed by the Learner/participant will authorise Emergency Risk Management s to use the above listed photographic/video/audio/communication release in any publications, productions or presentations.

**What happens to the consent form once it has been filled out?** The consent form will be placed on file and retained by Emergency Risk Management. If requested, a photocopy of the form will be made available to the Participant.