

QAHC Model Release Form

Date: / /

I
(full name)

of.....
(address)

hereby give permission for the use of my image

for the
(name of campaign/purpose)

produced by the Queensland Association for Healthy Communities Inc.

My image may be reproduced in advertisements, posters, booklets, on-line and in various other promotional material.

I give permission to the Queensland Association for Healthy Communities Inc. and its representatives the right and permission (whether under copyright or otherwise), to re-use, publish, exhibit, display and reprint advertising material designed in conjunction with this photographic shoot.

I waive any right to inspect the material. I waive any claim over the product. I release, discharge and agree not to take up any liability as a result of distortion, blurring or alteration of the finished product. I waive any claim for violation of privacy, defamation or any other statutory or non-statutory legal right or remedy, including privacy. I understand that in the event of my death, photographic imagery of me will not be used in any form.

Name.....

Address.....

.....

Telephone.....

Date.....

Signature.....