



Material Release Form

Instructions to file (UNE staff only) – please save completed form to trim at A24/1010 using file naming convention “YYMMDD SURNAME PROJECT”

Agreement to use of image, voice and other material or information

Project	[insert details]
Project Date	[insert details]

I (full name).....

of (address).....

agree that:

1. The University of New England (“**UNE**”) may record my image, voice, biographical material, written material, testimonial statements or other information about me on any media for visual, written and/or audio reproduction (the “**Material**”) for the purposes of education, information, promotion, public relations and fundraising connected with UNE (the “**Purpose**”).
2. UNE may use the Material in which I appear, or in which my voice, biographical material or other information concerning me is used, in any media or format (including without limitation for the purposes of marketing, web and media activities, advertisements, brochures, event promotions, posters, display screens, news, social media, and research papers) (the “**Publication**”) for the Purpose.
3. If the Material is used on social media it will be subject to the terms and policies of that platform.
4. The Publication and/or Material will be edited at UNE’s sole discretion; UNE may incorporate any part of the Material in the Publication.
5. I will receive no payment for the use or recording of the Material.
6. I will not retain any rights, including copyright, or interest in the Material or the Publication.
7. I release and indemnify UNE from any loss, damage, cost, expense or claim arising out of use of the Material or information about me, including action for defamation, breach of privacy or copyright.
8. If I wish to withdraw consent or make corrections to my personal information I can do so by contacting privacy@une.edu.au or [insert contact information of organising unit]. In this instance UNE will make every effort to follow my wishes but may be limited by the policies of external sites on which the Material is published.
9. The Material will be stored in a secure location in accordance with the Privacy and Personal Information Protection Act 1998 and the State Records Act 1998 and in accordance with UNE’s [Privacy Management Rule](https://www.une.edu.au/policies) available at <https://www.une.edu.au/policies>.
10. This form will be stored securely as a corporate record as required under the State Records Act NSW, 1998.
11. UNE is collecting my personal information such as name, email address and phone number for the Purpose. UNE may publish and disclose my personal information (for the purposes of the *Privacy and Personal Information*

Protection Act 1998 (NSW)). I acknowledge I can contact UNE with any requests to access, update or correct my information, however this may be subject to the policies or terms of external sites on which the material is published.

12. I am at least eighteen (18) years of age or the parent/guardian of the named participant and have the requisite capacity to provide my consent on this form.

AGREED AND ACCEPTED:

Name:

Student number (if applicable):

Address (optional):

Email.....**Phone:**.....

Signature: **Date:**

* **Parental/Guardian Permission:** Please note parental/guardian consent is required for children/young people under the age of 18 yrs. and recording of images should be supervised by the child/ young persons' parent/ guardian.

Parent / Guardian:

Address (optional):

Email.....**Phone:**.....

Signature: **Date:**