

# Photo Consent Form



## For parents/legal guardians of children

*if applicable*

1. I declare that I am the parent/legal guardian of the following child

**Name of Child**

**School**

**Activity**

**Date**

 /  / 

**I,**

\_\_\_\_\_ *name of parent or legal guardian*

**of**

\_\_\_\_\_ *address*

2. **agree** to the Parliament of Queensland, its employees and officers (“the Parliament”)

- (a) making images or recordings, whether sound, digital or otherwise, of me and/or the Children (“Images and Recordings”);
- (b) using, publishing or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to websites, CD-ROM or other multi-media, for distribution to participating schools and to Members of Parliament who participate on the day; and
- (c) retaining or storing the Images and Recordings, in hard copy or digitally, including but not limited to, deposit of the Images and Recordings into a Queensland Parliament image storage system;

3. **agree** that the rights granted to the Parliament under clause 2 of this Photo Consent Form are perpetual and that I will not receive any payment, royalty or other consideration (whether monetary or otherwise) from the Parliament in connection with the making, use or storage of the Images and Recordings;

4. **agree** to the Parliament collecting, storing, handling, accessing, managing, using and disclosing personal information about me and/or the Children, including but not limited to our name and image, in connection with the Images and Recordings;

5. **agree** that the Parliament is the owner of the copyright in the Images and Recordings and the physical Images and Recordings; and

6. **acknowledge** that I am signing this Photo Consent Form of my own free will, on the full understanding and comprehension of the terms of this Photo Consent Form.

7. **understand** that members of the media and/or Members of Parliament may be present at this event and that the Parliament takes no responsibility for images and recordings made or reported by media organisations or by Members of Parliament.

**Signed by**

\_\_\_\_\_ *name*

\_\_\_\_\_ *signature of legal guardian*

\_\_\_\_\_ *date*

*If you have any concerns or questions about this consent form, please contact the Chamber, Education and Communication Services on 3553 6000.*

**Contact Officer** \_\_\_\_\_

**Section** \_\_\_\_\_

**Ph** \_\_\_\_\_

**Email** \_\_\_\_\_

*Privacy Notice - The Parliament is collecting the information on this Photo Consent Form in order to use Images and Recordings of you or the Children for distribution to participating schools (and your local Member of Parliament if he/she is participating on the day). This information will only be accessed by authorised employees within the Parliament.*