**INFORMATION RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the photographer) seek your permission to take information, photos and/ or videos of you, for further use. This information, images and/or video footage, will primarily be used to promote awareness about eye health in publications and other printed materials, on websites, and in print and broadcast media. The consent set out below authorises the photographer, and partners, to use the information, images and/or video footage and/or to permit to use in newspaper, magazine, free-to-air and subscription television, internet or any other distribution in any medium.

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| --- | --- | --- |
| **Date information collected: \_\_\_ / October / 20\_ Location:** **Photographer: Program:**  |  |  |
| **SUBJECT INFORMATION**  |  |  |
| **Name:**  | **Birth date: (d/m/y)**  | **Age:**  | **Sex:**  |
|  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_  |  |  M F  |
| **Email:**  | **Phone no.:** ( )  |  |  |
| **Description of person:** (for identification purposes - characteristics example: red shirt, blue hat)  |  |  |
| **ACKNOWLEDGMENT AND CONSENT**  |
| I or my legal representative (which could include a legal guardian or person with power of attorney):  Acknowledge that I have read the contents of this form;* Acknowledge that I am over 18 years of age (for children under 18 years a parent or guardian must sign);
* Consent to the use of information/images/videos described on this form now, and at any time in the future, for the purposes outlined above;
* Understand that once any of the information/images referred to above have been published, the photographer has no control over the subsequent use and disclosure of this information visual or written;
* Understand that the photographer does not guarantee that the information/images will necessarily be used in any public awareness campaign;
* Understand that I will receive no payment for the use of my information/image(s); and
* Understand that I can request the removal of my information/image(s) from future use at any time by written request to the Institute at the address below.

 Signature of subject Signature of legal representative, parent or guardian (if individual is under 18)  Name of subject Name of legal representative, parent or guardian (if individual is under 18)  |

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