



University of  
South Australia

## Talent Release Form

I, \_\_\_\_\_ hereby give my consent  
**(Name)**

for the University of South Australia to:

Record, copy, edit, adapt, modify, distribute or exhibit my image, likeness, voice and / or transcript, in whole or in part, in any form or media, and including the right to sublicense these rights for educational and promotional / publicity purposes for an undefined period of time.

### Declaration:

I am over 18 years of age and understand that I will not receive any payment or consideration in signing this Release.

Brief description of visuals/audio recorded \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Contact details:

Project Coordinator: \_\_\_\_\_

Project Coordinating School/ Division/ Unit: \_\_\_\_\_

Brief Description of the project: \_\_\_\_\_  
\_\_\_\_\_

Unless given an alternate point of return, please Email the completed form to:

Copyright Coordinator  
University of South Australia  
Telephone: +61 8 830 25630  
Email: [copyright@unisa.edu.au](mailto:copyright@unisa.edu.au)

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