



University of
South Australia

Talent Release Form
(Person under 18 years of age)

I, _____
(Parent / Guardian's Name — PLEASE PRINT)

of _____
(Address line 1 — PLEASE PRINT)

(Address line 2— PLEASE PRINT)

On behalf of _____ hereby give my consent
(Child's Name — PLEASE PRINT)

for the University of South Australia to:

record, copy, edit, adapt, modify, distribute or exhibit video/audio footage, images or likenesses of my child, 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.

Parent's/Guardian's 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

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