



University of  
South Australia

## Consent to use recorded image, video, voice or other representation

Recorded person's details	
Child's name	
Parent/Guardian details	
Name	
UniSA student ID (if applicable)	
Email	
Recording details	
Purpose	Yr 11 Maths Experience 2021 program run by UniSA Connect. Images may be used on the UniSA Connect website this year and the following year without names, and in UniSA Connect promotional materials.
Date	27 <sup>th</sup> May 2021
Location	UniSA Mawson Lakes
UniSA contact person	Vanessa Gorman, UniSA Connect Officer – <a href="mailto:Vanessa.Gorman@unisa.edu.au">Vanessa.Gorman@unisa.edu.au</a>

1. I understand that my child's image, likeness, voice, testimonial, name or other representation of me (**Recording**) will be recorded by, or on behalf of, the University of South Australia (**University**).
2. I consent to the University (and anyone acting with the University's authority) using, reproducing or editing the Recording:
  - (a) for the purpose described above;
  - (b) for educational purposes;
  - (c) to promote the University and its available courses and programs; or
  - (d) to enable any product which appear in the Recording to be licensed, distributed, exhibited or sold (including for a commercial return), (**Recording Rights**).
3. I understand that the Recording may appear, or be referenced in, any medium, including written publications, audio, video or other media which may exist in the future.
4. In exercising the Recording Rights, the University will not intentionally disparage, denigrate or damage my child's name or reputation.
5. I acknowledge that neither my child nor I will as a consequence of the Recording or providing this consent:
  - (a) acquire any rights over any product which appears in the Recording, or any monetary proceeds which are derived from the sale, licensing, distribution or other use of such product or

- (b) be paid for the Recording or consent, or for participating in the session at which the Recording will be made.
- 6. I release the University (and anyone acting with the University's authority) from any claims relating to the use of the Recording as described in this consent form.

**Signature of parent/guardian:**

**Date:**