



ICPA WA

Isolated Children's Parents' Association
Western Australia Inc.



CONSENT/INDEMNITY FORM

ADULT PARTICIPATION

For use of image and/or voice for promotional purposes

Event Name:

I, (Name)

Of

..... (Address)

Hereby consent to photos/video footage/other images of me and/or my artistic works being taken by the Isolated Children's Parents' Association (ICPA) for a variety of public relations, communications and promotional activities including but not limited to publications, promotional material, websites and advertisements for use over an indefinite period of time. I understand I may withdraw consent at any time in writing.

1. Acknowledge that any recording made of any performance of mine made by ICPA in connection with promotional activities is an authorised use of my performance for the purposes of the *Copyright Act 1968*.
2. Understand that any photos, video footage or other images taken may be shown in a public environment, in Australia and/or overseas.
3. Agree that my participation in promotional activities may be edited at the discretion of ICPA.
4. Understand that ICPA is not obliged to include me/my image in the promotional activities.
5. Release ICPA from any claim by me or anyone on my behalf arising out of my appearance in any promotional activity; and
6. Acknowledge that no consideration will be paid for my participation.

Signed:

Witness Name: Witness Signature:

Date: