

BOWENVILLE STATE SCHOOL

CONSENT FORM - STUDENT (Under 18) Use of Name, Image, Sound Recording and Copyright Material



1. Consent

This consent form revokes all previous consent forms.

In relation to my child or a child of whom I have responsibility and who is identified in this consent form (the student) I give consent to the State of Queensland acting through the Department of Education and the Arts (the Department) and to any Department or Agency of the State of Queensland (the State) to:

- make, use and retain the Student's image and sound recording;
- use and reproduce the Student's copyright material; and
- use the Student's name

for the purpose of:

- (i) any media activities;
- (ii) promoting and advertising of the Department and its students or of the State;
- (iii) publishing in any publication including Departmental or State publications;
- (iv) any commercial purpose by the Department or the State; and

2.	Limitations on Consent – If you wish to limit your consent specify: I wish to limit my consent as follows:
3.	Duration This consent will continue until the Student completes his/her education at a State educational institution (State School) or I revoke my consent or the Student turns 18.
	I agree that any existing material involving the Student's name, image, sound recordings or copyright material will not be withdrawn from use if the Department or the State is currently using the material or where the Department or the State has entered into contractual obligations in relation to this material. In such cases the termination of this consent will be effective after the Department or the State's use is complete or after the contractual obligations come to an end.
4.	Undertakings I understand that by giving consent, the Department and the State can use the Student's name, image, sound recording and copyright material for any use in connection with the Department and the State. The Department and the State may reproduce the Student's name, image, sound recording and copyright material in any form, in whole or in part, and distribute all or any of them by any medium including the Internet, CD-ROM, DVD, video, print or other multimedia.
	 I understand that the Department or the State: will not pay me, nor the student, for my giving this consent or for the use of his/her name, image, sound recording and copyright material; may use the Student's name, image, sound recording and copyright material until the Student completes his/her education at a State School or I revoke my consent or the Student turns 18; may use the Student's name, image, sound recording and copyright material for the purpose listed in Clause 1 of this consent form; will not use the Student's name, image, sound recording and copyright material for any further activity if I withdraw this consent, with the exception of the material already published or in the process of being used.
Name of stu	dent: Name of parent or caregiver:
Address:	Address:

Note: The Department will use its best endeavours to identify the person signing the consent form but takes no responsibility for circumstances in which it is misled as to the identity or authority of a person to provide consent.

If you require a copy of this signed consent form please contact the Principal of the school that the Student attends.

Signature of parent or caregiver:

Date:

Name of School: Bowenville State School