

# PHOTO AND VIDEO CONSENT FORM

Location: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

## Participant Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Consent Details:

I hereby grant permission to [Organisation Name], its representatives, employees, and agents, to take and use photographs, video recordings, and/or digital images of me (or the minor named below), for the purposes of publicity, advertising, marketing, social media, educational materials, and any other lawful uses related to the organisation's activities and events. I understand that these images may be used in print, online, and in other media formats. I waive any right to inspect or approve the finished images or recorded content that may be used now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of these images.

## Conditions and Acknowledgments:

1. I understand that my participation is voluntary and that I may refuse to consent or revoke this consent at any time by notifying [Organisation Name] in writing, except to the extent that action has already been taken relying on this consent. 2. I acknowledge that the images and recordings become the property of [Organisation Name] and may be stored and used indefinitely. 3. I release [Organisation Name], its officers, employees, and agents from any claims, demands, or causes of action that I may have now or in the future arising out of the use of these images. 4. I certify that I am at least 18 years of age or, if signing on behalf of a minor, that I have legal authority to do so.

## Participant Declaration:

I have read this Photo and Video Consent Form and fully understand its contents. I confirm that I agree to the terms stated above and provide my consent freely and voluntarily.

## If signing on behalf of a minor participant, please complete the following:

Minor Participant's Full Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

**Participant's Signature**

Date

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**If Minor: Parent/Guardian Signature**

Date

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Print Name:

Print Name:

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This consent form is governed by the laws of Australia. By signing this form, you acknowledge that you have read and understood the terms herein, and that this consent is legally binding and enforceable.

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