

ACIAR Photography/Videography Declaration Form

- I give permission for images in which I, and/or my child/ward, appear to be used by ACIAR for publications and public relations activities.
- I understand that this may include use in print and electronic media, including the Internet and official social media platforms. I understand that ACIAR will not be accountable should overseas recipients of the images breach Australian privacy laws and I will not be able to seek redress under the Privacy Act.
- I have read and understand this notice, and consent to the collection, use and disclosure of my image, including disclosure to overseas recipients, as outlined.

Signed.....

Date.....

Shoot

Date:

Image details:

Photographer / Videographer

Name:

Email:

Signature:

Approvals

Name of

Subject(s)/Parent(s)/Guardian(s):