Event name: \_ \_ Date \_ /\_ /

1. I, the undersigned, hereby authorise the [ insert name of Project lead] on behalf of the Cooperative Research Centre for Developing Northern Australia (**CRCNA**) to photograph me, take video footage of me, and/or make electronic sound recordings of me (**photographic or electronic reproductions**) for the purposed of promoting the [name of project ] and the CRCNA broadly.
2. I authorise the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media, including social media and web, as may be deemed appropriate by **CRCNA** (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name \_ \_ Title \_ \_

Address \_ \_ City, State, Postcode \_ \_ Phone \_ \_ Signature & Date \_ \_ I am signing this form as an individual YES NO

I am signing this form as a representative of a group, and have full authority to grant release for this group YES NO

Name of group \_ \_

**PARENTAL CONSENT**

I certify that I am the parent or guardian of the individual above, , a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

\_ \_ Signature of Applicant’s Parent/Guardian Date

\_ ( \_)

Address of Parent/Guardian (if different) Phone Number (if different)