



## Talent Release Form - Photographic and Video

Item / event: Mid West Academy of Sport Scholarship Program and Events

Date / /

This is to verify that I, (please print name) .....

of (please print residential address)

.....

I give my permission for the Mid West Academy of Sport to use any photographic image and video taken of me to be used by the Mid West Academy of Sport in printed publications, to be provided to media outlets, on the internet or in other electronic formats for press or print purposes. I understand that my name may be published with such photo/s / video.

If my image is used, I hereby consent, without further consideration or compensation to the use (full or part) of images and video taken of me for the purposes of illustration, broadcast or distribution of any manner. I understand that negatives and prints remain the property of the Mid West Academy of Sport and that there will be no restrictions on the number of times the image is used. I accept that no payment is due in respect of this authority and that no further payments to me are required at any time.

Upon signing of this form I understand that I have no rights to the said material.

(If aged under 18, the person's parent, guardian or legal carer must sign on their behalf and identify their relationship to the person.)

Signed (talent) .....

Date .....

Signed Legal Parent Guardian (If under 18 years of age) .....

Relationship ..... Name.....

Witness Signature .....

Witness Name (please print) .....