



IMAGE AND VIDEO CONSENT AND RELEASE FORM

I, give my unreserved permission and consent for Maali Medical to use the name and all still and moving images taken or recorded by, or on behalf of, or made available to, Maali Medical (together referred to as the “Media”) of:

- me, the person named below; or
- my child or the person I am guardian of named below (if under the age of 18),

to be used in any or all of Maali Medical’s educational, promotional and advertising material.

The Media may be used in various media formats including online media, social media, print, newspaper, video, public displays, television, and electronic means of communication, and in any edited form.

I waive any rights and claims, present and future, to any fees or royalties or other benefits whatsoever for or in connection with the use of the Media.

In giving this permission, I understand that any information published on the internet is potentially accessible worldwide and that it can be indexed by search engines and may be copied and used by any web user. This means that once the Media is published on the Internet, Maali Medical has no control over its subsequent use, disclosure and dissemination.

If I wish to withdraw permission for the Media to be used, I must so inform Maali Medical in writing.

I understand that if I subsequently withdraw permission for the Media to be used, Maali Medical will cease any future new publication or use of the Media, but the Media may continue to appear in printed and electronic material which has already been produced or disseminated.

(For Aboriginal and Torres Strait Islander people) I also understand that images and video of Aboriginal and Torres Strait Islanders may appear in printed and electronic material for several years. If I am an Aboriginal or Torres Strait Islander, Maali Medical will take reasonable steps to prevent the Media from appearing on material published after my death (providing Maali Medical is made aware of such). However, I understand and agree that, despite those efforts, the Media may still be published or disseminated.

I acknowledge Maali Medical’s right to discontinue use of the Media without notice.

Signature / Parent or Guardian’s Signature:

*(If an adult) Name: *please print*

*(If on behalf of a child/minor) Child’s Name: *please print*

Parent or Guardian’s Name: *please print*

Date:

Address:

Phone:

Email:

