

CONSENT FORM

I (full name) _____

hereby irrevocably authorise and grant the Alzheimer's Association of Queensland Inc. the right to record me on photograph, film and/or videotape, audio, audio visual and the right to edit the recording and screen/print/broadcast in a print or electronic publication, film, television program, community service announcement with the intention of promoting the aims and reflecting the views of the Alzheimer's Association of Queensland Inc. I hereby release the producer of the material and the Alzheimer's Association of Queensland Inc. from any infringement or violation of personal and/or property rights of any sort whatsoever based upon the use of the recording.

I acknowledge that the Alzheimer's Association of Queensland Inc. owns and shall own all rights, title, and interest (including copyright) in the recording.

I further acknowledge that the producer on behalf of the Alzheimer's Association of Queensland Inc. is not obliged to use the recording.

I warrant that I have full power to enter into this release includes any and all edited versions made at the behest of the Alzheimer's Association of Queensland Inc. and further includes any previously recorded material of me made by the producer or the Alzheimer's Association of Queensland Inc.

I also hereby release the Producer and the Alzheimer's Association of Queensland, as per the above agreement, on behalf of _____

_____/_____/_____
Signature Date
(Agreed and accepted by the Releasor)

Name and Address of the Releasor:

Name (printed) _____

Address: _____

_____/_____/_____ Postcode: _____

_____/_____/_____ /_____/_____/_____
Signature of Producer Date Signature of CEO, AAQ Date