PHOTOGRAPH RELEASE FORM

(FOR MINORS)



NAME OF THE		
PERSON TO BE		
PHOTOGRAPHED		("the Subject")
DATE OF BIRTH		
ADDRESS	POST CODE	
LOCATION		
		("the Location")
PURPOSE		
		("the Purpose")

I, parent / legal guardian of the Subject, who is under the age of 18 years as of the date hereof, hereby consent to and authorise Edith Cowan University ("ECU") and persons authorised through it to photograph the Subject at the Location and to reproduce, publish and communicate the photographs in any medium for the Purpose.

I acknowledge that the negatives and / or any other storage device or medium in which the image is held and all rights in the photographs, including copyright, will remain the property of ECU.

I hereby absolutely and irrevocably release and forever discharge, and agree to indemnify ECU and all persons acting under its permission or authority from any claims, liability or injury that may occur arising from the use of the photographs which but for the execution of this Deed I may have had against ECU.

Claims includes all claims, actions, suits, causes of actions, debts, dues, costs, claims, liabilities, demands, damages, losses, costs and expenses of any description, decisions, awards, judgment and orders whether at law or in equity or arising under statute arising out, during or in connection with the Purpose.

In my capacity as the parent / legal guardian of the Subject, I hereby consent to the above terms of the deed of release on behalf of the Subject.

SIGNATURE OF	DATE	
PARENT /		
LEGAL GUARDIAN		

NAME OF	
PARENT /	
LEGAL GUARDIAN	

ADDRESS	POST	
	CODE	

NOTE: This release form authorises the use of photographs only for the purposes specified. The use of the photographs in any other circumstances is prohibited unless authorised by the signing of a further release.