



# PHOTO OR VIDEO RECORDING RELEASE FORM

This form is an agreement between you and Fire and Rescue NSW (FRNSW). FRNSW would like to publish information about you for the purposes of promoting FRNSW and its activities to the broader community.

I, \_\_\_\_\_ agree to the following terms and conditions:

1. That I will take part in this photographic or video recording. The content may include specific promotional information such as quotes, interviews, sound and visual recordings, my work or expressions of opinion.
2. Where applicable, I allow my child(ren) named below to take part in this photographic or video recording. The content may include specific promotional information such as quotes, interviews, sound and visual recordings, their work or expressions of opinion.
3. That FRNSW and the NSW Government is the copyright owner of any photograph or video recording made of myself, or my child(ren).
4. That any photograph, sound or visual recording, made of myself or my child(ren) may be used by FRNSW for any FRNSW educational, training, and promotional purposes.
5. The communications in which information about myself or my child(ren) may be published can include but is not limited to all FRNSW publications and promotional material, print and electronic media, FRNSW websites, partner websites, broadcasts and social media accounts.
6. That neither I, nor my child(ren), are entitled to any fee for participation in this photographic or video recording.
7. That I indemnify FRNSW against all legal liability concerning my participation and the participation of my child(ren) in this photographic or video recording.
8. FRNSW may reproduce this content and may alter it for design purposes. Neither I, nor my child(ren) will be consulted about the specific context in which the information is published.

***I am 18 years old or over. I have read and agree with this release.***

Name of adult or parent/guardian: \_\_\_\_\_

Signature of adult or parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Organisation, Station or representative of: \_\_\_\_\_

***I am under 18 years old. My parent/guardian has read and agreed to this release.***

Name of minor: \_\_\_\_\_

Signature of minor (if able to sign): \_\_\_\_\_ Date: \_\_\_\_\_

***I have witnessed the signing of this form***

Name of witness \_\_\_\_\_

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_