



SCHOOL LIBRARY ASSOCIATION SOUTH AUSTRALIA

Digital Release and Entry Form

Contact details:

Name of school: _____

Contact person: _____

Phone number: _____

Email: _____

Permission to use digital images, film and appearances of people within the footage in perpetuity.

I, _____ of _____
(name and address)

grant permission to SLASA to use my photos and/or film and/or words for promotional purposes, in any form. I understand that the footage may be altered and the sequence may differ from submission.

By signing this form, I am agreeing to the release of my film/ images/words for SLASA to use. I have gained consent from all parties (including legal guardians) involved, using the Individual Digital Release Form provided. I gained consent from council or the owner of the premises where we have filmed.

Name (print): _____

Signature: _____

Date: _____



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Individual Digital Release Form

Please note: Each individual who is visually identifiable in the film or image must have signed this release form. This includes those who appear in the background.

This form is to be collected and retained by the organization responsible for the filming. The release forms need to be retained as a record for a minimum of 7 years.

Permission to use digital images and film

I, _____ of _____
(name and address)

grant permission for _____
(name of school)

to use the participants image in a film and/or image intended for future use by SLASA in any promotional materials. This includes use in all media including but not limited to social media, newsletters, radio and television globally.

By signing this form, I am agreeing to the release of my image for SLASA to use.

Persons under the age of 18 must have this form signed by their legal guardian.

Name of participant (print): _____

Name of legal guardian (for those under 18): _____

Signature: _____

Date: _____

For enquiries, **contact slasa@slasa.asn.au**