

Photograph & Video Release Form



I hereby grant permission to Fight Parkinson's (ABN 59 604 001 176) the rights of my image, likeness, and sound of my voice as recorded on audio or video tape. I understand that my image may be edited, copied, exhibited, published, or distributed.

I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Educational videos
- Websites and social media
- Training conferences/presentations
- Printed promotional materials
- Social Media

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in a public educational setting. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organisation utilising this material for educational purposes, without payment or compensation.

Full Name:

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Signature:

Date:
