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| Darwin Waterfront Harmony Soiree  **This Talent Release Authority is for the purposes of the Darwin Waterfront Harmony Soiree event and will provide authority for the following *Harmony Soiree Event Partners* to utilise names, photographs, videos or audio recordings of yourself/your children for marketing and promotional purposes including but not limited to printed publications, newsletters, posters, advertisements, websites, social media, television commercials, billboards, and cinema and radio advertisements.**   * **Northern Territory Government** * **Darwin Community Arts Inc.** * **Darwin Waterfront Corporation** * **Multicultural Council of the Northern Territory Inc.**   **Visual and/or audio recordings, or other personal information described in this form may be supplied to contractors or service providers engaged for the Harmony Soireeto develop or produce advertising, publications or promotional materials, but will not be provided to any other person or organisation for purposes other than advertising and promotions. You are entitled at any time to access and amend the information provided by you on this form.** | | | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory.  Fields marked with caret (^) are office use only. | | | | | | | | | | |
| I (insert name of authorised representative)\* |  | | | | | | | | | |
| On behalf of (insert community group name)\* |  | | | | | | | | | |
| Community stall\* | Yes / No | **Performance**\* | | | Yes / No | | | **Food stall**\* | Yes / No | |
| Of (insert address)\* |  | | | | | | | | | |
| Phone number\* |  | | **Email address** | | |  | | | | |
| 1. **I agree to appear in visual and/or audio recordings which can be used in advertisements, documents and other promotional material published by the *Harmony Soiree Event Partners*.** 2. **I give permission for my name and visual and/or audio recordings of me to be used in advertisements, documents and other promotional material published by the *Harmony Soiree Event Partners*.** 3. **I assign any rights I may have in the visual and/or audio recordings and associated advertisements, documents and promotional material to the *Harmony Soiree Event Partners*.** 4. **I am free to enter into this Agreement, and to appear in the proposed advertisements, documents and other promotional material published by the *Harmony Soiree Event Partners*.** 5. **This Agreement is made under the laws of the Northern Territory and any dispute can be taken for resolution by the courts in the Northern Territory.** 6. **The permission will continue until I revoke permission in writing to the Northern Territory Government. In the situation where permission is revoked, every effort will be made to remove the image from future distribution; however this may not be possible or practical in some situations.** | | | | | | | | | | |
| **Wherever possible, the Northern Territory Government will remain sensitive to and understanding of cultural, family and personal sensitivities.**  **If any members of your organisation wishes to be exempt from this authority, you must notify the Office of Multicultural Affairs in writing prior to the event.** | | | | | | | | | | |
| **In addition to those materials mentioned above, do you agree to the use of your image or other audio or visual recordings of you being used in connection with social media?**\* | | | | | | | | | | Yes / No |
| **Are you of Aboriginal or Torres Strait Islander descent?**\* | | | | | | | | | | Yes / No |
| **Any special consideration for use of the visual or audio recording(s)?**\* | | | | | | | | | | Yes / No |
| **If yes, provide brief description of visual or audio recorded** |  | | | | | | | | | |
| **Signature *(if under 18 years old, signature of parent or guardian)****\** |  | | | **Date**\* | | |  | | | |
| **Office use only^** | | | | | | | | | | |
| **Name^** |  | | | | | | | | | |
| **Organisation^** |  | | | **Email/phone^** | | |  | | | |
| **Date collected^** |  | | | | | | | | | |
| Further information For more information, please phone the Office of Multicultural Affairs on (08) 8999 3894. | | | | | | | | | | |

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| Attachment to Talent Release Form (Group member signatures) This is an attachment to the Talent Release Form for the Darwin Waterfront Harmony Soiree.  I have read and understood the conditions of the authority form and I agree for the community group authorised representative to sign the form on my behalf.   |  |  | | --- | --- | | **Full Name or Name(s) of child under 18 years old** *(if applicable)* | **Signature** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
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