



## Talent Release Form

Integrated disAbility Action, Inc. (IDA) wishes to use your photograph, image, words, artwork, video or audio recording.

By signing this form, you give IDA permission to use any of these items in any way without your further permission.

IDA will, wherever possible, have regard for your cultural, family and personal sensitivities.

First name \_\_\_\_\_ Last name \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Reason for photos / videos (required) (photos will only be used in the specified use):

- All Abilities Expo
- PEER Support Event
- Educational Videos: NTPHN Training Videos for Medical Services
- Other (please describe): \_\_\_\_\_

What is the talent wearing today? (For example – red hat, blue shirt. This information helps us identify you in photographs and video)

\_\_\_\_\_

Does the talent identify as Aboriginal or Torres Strait Islander? (required)

Yes

No

Is the talent under the age of 18? (required) (If so, guardian over the age of 18 to sign below)

Yes

No

Signature of talent **OR** name and signature of guardian:

Full name of guardian: \_\_\_\_\_

Date: \_\_\_\_\_

By submitting this form, you agree for us to collect your personal information. Please refer to our Privacy notice for more information. Send this form to [office@idainc.org.au](mailto:office@idainc.org.au)