



THE CHILDREN'S BOOK COUNCIL OF AUSTRALIA (CBCA)

SUN PROJECT: SHADOW JUDGING

Digital Release Form

Contact Details:

Name: _____

Phone number: _____

Details of organisation:

Name: _____

City/town/suburb: _____

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

I, _____ of _____
(Name) (Address)

grant permission to CBCA Sun Project: Shadow Judging to use my photos and films for the 2023 Sun Project: Shadow Judging program, April – August 2023 or for future use. 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 for CBCA Sun Project: Shadow Judging to use. I have gained consent from all parties (including legal guardians) involved in the film using the Individual Digital Release Form provided. I gained consent from the school 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 identifiable in the group's Creative Responses, digital images, film or other content created during the Sun Project: Shadow Judging must have signed this release form. This includes those who appear in the background.

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

Permission to use content

I, _____ of _____
(Name) (Address)
grant permission for _____
(Name of organisation)

to use the participant's first name/full name/image/all (please circle) in content created during Sun Project: Shadow Judging. 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 CBCA Sun Project: Shadow Judging 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: