



## COPYRIGHT and MEDIA RELEASE

When submitting photographic images to the DSAQ for possible inclusion in a DSAQ publication, please fill in the details below and mail the signed form to DSAQ, PO Box 3223, Stafford, QLD 4053. Thank you.

Name of person featured in picture/s: \_\_\_\_\_

1. I, \_\_\_\_\_, hereby authorise the Down Syndrome Association of Queensland Inc (DSAQ) to use photographic and/or video images of me / my child named above.
2. I acknowledge that the DSAQ is not bound to use the material listed in item 1.
3. I acknowledge that I am not entitled to remuneration, royalties, or any other payment from the DSAQ for the use of materials listed in item 1.
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5. I agree that the materials listed in item 1 may be used as representations or reproductions for advertising, awareness raising and/or fundraising purposes without need for further consent or permission from me.

I agree that DSAQ may use the materials listed in item 1 for the following purposes:

- Awareness Week Posters/DVD/Powerpoint Presentations (distributed in Queensland, interstate and also overseas)
- Quarterly magazine (the dsaq digest), Information Sheets, Calendar, Handbooks, programs, kits and/or other DSAQ printed material
- Displays within schools, public libraries and at community venues
- Media releases (print, television, radio)
- DVD launch of "My Life My Voice" or other such video promotion
- DSAQ internet web site information

Parent's/Guardian's signature .....

Date: .....