



GARBUTT STATE SCHOOL

MEDIA RELEASE FORM

This form will remain current until a Parent / Guardian contacts the Office to make changes, in which case a new form will have to be completed.

Student Name:	
Parent/Guardian Name:	
Address:	
Signature of Parent/Guardian:	
Date:	

PLEASE INDICATE YOUR PREFERENCE BY TICKING THE APPROPRIATE BOX:

I DO NOT WISH MY CHILD TO APPEAR IN ANY MEDIA RELEASES.

I GIVE PERMISSION FOR MY CHILD TO APPEAR IN MEDIA RELEASES.

PLEASE READ THE FOLLOWING:

- *I hereby authorise Education Queensland and /or its agents to make use of:*
 - *Pictures of my child;*
 - *My child's name in print;*
 - *My child's original materials – eg samples of schoolwork, drawings.*
 - *I acknowledge that my child and I are not entitled to remuneration or royalties in respect of our involvement of any project that was produced in whole or in part by us.*
 - *I acknowledge that my child and I have no claims to copyright in any aspect or portion of the project and that copyright in any project shall vest in Education Queensland.*
 - *I agree that the material may be used in all formats and media, as representations, reproductions or adaptations either complete or in part, alone or in conjunction with any wording or drawing.*
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