

ASCILITE Talent Release Form

I grant permission to the Australasian Society for Computers in Learning in Tertiary Education (ASCILITE) to be photographed, recorded and/or filmed on the following terms:

- I will receive no remuneration now or in the future for my participation in these activities.
- ASCILITE will own all rights to the photography, recording or filming.
- ASCILITE may use my name, voice, likeness, and biographical details for the purposes of educational content, promotion, advertising, and marketing related to the work of the society both within Australia and internationally.
- ASCILITE will own all rights to the above photographs, recordings and film.
- I release to ASCILITE my rights to the intellectual property and will not claim against the society in the future relating to the use of this content.

Talent Details

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date of Signature _____

NOTE: For individuals under 18 years of age, a legal guardian must also give consent.

Guardian Name: _____

Guardian Signature: _____

Date of Signature: _____