



PHARMACEUTICAL
SOCIETY OF
WESTERN
AUSTRALIA

PHOTO/VIDEO AUTHORISATION AND RELEASE

I, _____, of _____

Authorise the Pharmaceutical Society of Western Australia to use:

1. film photographs
2. digital photographs
3. motion picture footage
4. audio recordings

of me (the 'Materials') in accordance with the following terms:

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The Pharmaceutical Society of Western Australia has the unrestricted right and permission to copyright and use, re-use, publish, and republish the Materials in all forms of media (including printed materials) for promotional purposes (including, but not limited to, advertising, publicity, commercial, or display use), illustration, exhibition, editorial, or any other purpose whatsoever.

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I hereby relinquish any right that I may have to examine or approve the completed Materials or their use(s).

Further, I hereby release and discharge the Pharmaceutical Society of Western Australia and all persons authorised to represent the Pharmaceutical Society of Western Australia (including, but not limited to, Board Members and employees) from any claims. This includes claims related to blurring, alteration, distortion, or use in composite form that may occur or be produced in the process of recording, processing, or publishing the Materials.

I have read the above document and I fully understand its contents. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

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