

This release is given on

To

From

Event/Activity

Please tick the **IMAGINATION** Secondary event you are attending

☐ Melb 7/11/16 ☐ Bris 14/11/16 ☐ Syd 25/11/16 ☐ Perth 16/3/17 ☐ Adel 21/3/17

Halogen Foundation Limited ABN 22 085 015 407 of PO Box 1911, North Sydney, NSW 2059

(Halogen Australia)

Name:

Address:

Telephone:

(Performer)

IMAGINATION - Secondary

- The Performer agrees to participate in the Event/Activity and acknowledges that the Halogen Foundation will:
 - take photographs;
 - make a sound recording;
 - make an audio/visual recording,
 of the Performer and/or the Event/Activity (**Recording**).
- The Performer agrees that Halogen Australia may, subject to any special conditions noted below, in its absolute discretion:
 - use the Performer's likeness, voice and biographical material in connection with the Event/Activity and the Recording;
 - reproduce in a material form in any format, publish, cause to be seen and heard in public and/or communicate to the public, the Recording or any part of the Recording; and
 - sell, let for hire, or by way of trade offer or expose for sale or hire, the Recording or any part of the Recording.
- The Performer assigns to the Halogen Foundation any rights he or she may have in the Recording and irrevocably consents to the Halogen Foundation doing, in relation to the Recording, any act that would otherwise infringe the Performer's moral rights under part IX of the *Copyright Act 1968* (Cth).
- The Performer acknowledges that, unless otherwise agreed in writing, he or she will receive no fee or payment in connection with the Event/Activity or the Recording (including in connection with the Halogen Foundation's use of the Recording).
- The Performer releases the Halogen Foundation, its servants and agents from any claim made by the Performer arising out of any loss, damage, accident or injury as a result of the Event/Activity and the Recording.

SIGNED by **PERFORMER** in the presence of:

Witness

Performer

If the Performer is under the age of 18 years as at the date of signing, the signature of the Performer's parent / legal guardian is also required.

SIGNED by the **PARENT/LEGAL GUARDIAN** in the presence of:

Parent/legal guardian

Witness

Name of parent/legal guardian (please print)

Special conditions

- The Halogen Foundation agrees not to disclose the Performer's name, address or contact details during the publication of their performance.