



## MODEL RELEASE AGREEMENT

I/we give permission to the Colac Otway Food Alliance and its Assigns to use (tick appropriate)

- My Name/s
- Photographic Likeness
- Personal Story

in all forms of media for advertising, trade and any other lawful purposes.

The information may be used either by the Colac Otway Food Alliance or the media and may appear in other publications, brochures to promote a range of initiatives, services and programs.

Print Name:	
Signature:	
Date:	
Contact telephone number/s:	

### If Model is under 18:

I, \_\_\_\_\_ am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name:	
Signature:	
Date:	

### **Note: use of interviews / photographs / files**

*Please be aware that the Colac Otway Food Alliance has no control over the use of material taken by external agencies, such as newspaper, TV and radio companies either now or in the future. All copyright belongs to the external agency, which retains the right to re-use, broadcast, publish and re-distribute the material world wide in the future, without seeking further consent.*

Please return this signed form to:

**Health Promotion Department**

**Colac Area Health**

**2-28 Connor Street**

**COLAC VIC 3250**

Or scan and email to [foodcosregion@gmail.com](mailto:foodcosregion@gmail.com)