

Talent release form

Production title	
Date of production	

1. I, the undersigned, hereby authorise Horticulture Innovation Australia Limited (**Hort Innovation**) to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (“**Materials**”).
2. I grant Hort Innovation permission to use any such Materials of me in any media throughout the world for any of its business purposes. I understand that I may be identifiable from such Materials.
3. I consent to any of the Materials being changed, copied, edited, added to, taken from, adapted and/or translated, in any reasonable manner or context by Hort Innovation, and any person authorised by Hort Innovation to do so, for any of its business purposes.
4. I confirm that Hort Innovation will own the Materials.
5. I understand that I will receive no financial consideration from Hort Innovation.
6. I unconditionally and irrevocably waive any rights (including moral rights), claims or interests I may have in relation to the Materials and shall not make any claim against Hort Innovation arising out of the Materials or use thereof.
7. I warrant that I have the full, capacity, right and authority to grant this consent.
8. This form is governed by the laws of NSW Australia.

Privacy notice:

Hort Innovation is collecting the above personal information for purpose of administering this form and recording your acceptance of the terms and conditions under which Hort Innovation can use the Material.

If the personal information requested in this form is not provided by you, Hort Innovation will be unable to use the Material. Your personal information will be used and stored in accordance with the Australian Privacy Principles and Hort Innovation’s Privacy Policy. You may request access to your personal information at any time. To access or update your personal information or for more details about our privacy obligations please contact our Privacy Officer at privacy@horticulture.com.au

Hort Innovation’s privacy policy is available at: www.horticulture.com.au

Agreed and accepted by:

Name			
Address			
City	State	Postcode	
Phone			
Signature	Date		

I am signing this form as an individual	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am signing this form as a representative of a group, and have full authority to grant release for this group	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of group	