



NT PHN Talent Release Form

Consent

I give consent for NT PHN to use and/or retain my image/s which may identify me or the organisation I represent. I understand that I can withdraw or modify my consent at any time in writing to NT PHN via email: communication@ntphn.org.au

Conditions/limitations

If there are any specific considerations or restrictions you want applied to use of your image, please note them here. For example:

- cultural considerations
- · expiry date for consent
- usage restrictions including specific topics you don't want to be linked to through use of your image

Undertakings

I understand that by giving consent, NT PHN may reproduce the image/s in any form (whole or part) and distribute the works by any medium including newsletters, website, social media, documents, printed material, displays. I understand that NT PHN:

- Will not pay me for giving consent to use my images
- May keep the image/s on record until I revoke my consent
- Will not pass any image on to a third party without my consent and will destroy image/s if I
 withdraw consent, with the exception of those already published
- May use the image in the future unless I specify limitations for its use
- Will not infringe the rights of any third party by exercising its rights given in this consent
- Will use the image in a manner that aligns with our strategic goals and objectives

For NT PHN Use:
Description of photograph:
Label/image number:

Date of photography:

ntphn.org.au

23 Albatross Street Winnellie NT 0820 GPO Box 2562 Darwin NT 0801 t 08 8982 1000 f 08 8981 5899 National Remote Health Precinct 5 Skinner Street Alice Springs NT 0870 PO Box 1195 Alice Springs NT 0871 t 08 8950 4800 f 08 8952 3536