**IMAGE RELEASE FORM**

I, (name)..................................................., hereby give my permission to the Mount Isa Centre for Rural and Remote Health, and James Cook University to use any photograph taken of me, video footage or any photograph provided by me, use my feedback/comments on my placement experience and cultural awareness sessions (aggregate data), for the purposes of:

YES NO [please tick]

□ □ Publications

eg. Journal articles, Study Guides, Discover Magazine, brochures

□ □ Advertising/promotion

eg. Press, Television, Billboards/posters, Online

□ □ Careers and Employment Service

eg. Profile & image on website

□ □ Alumni

eg. Profile on alumni website; newsletters

By signing this form I agree that an electronic and/or hard copy photographic image of myself is collected and stored by the Mount Isa Centre for Rural and Remote Health, and James Cook University for the purposes approved above. I understand that the image will be stored securely and only accessed by approved Mount Isa Centre for Rural and Remote Health officers when reasonably required.

I understand that the use of the images and profile does not give me any right to request payment.

I am of full age**/**the guardian of ......................................., and I have read and understood the terms of this release.

Signature of participant:.………………………………………..

Date: ……………………

Signature of CRRH staff member: ……………………………….

Date:…………………….