

Image release consent form

I,

(Please print full name)

give permission to the Australasian College of Health Service Management (ACHSM) to use my image in photo, video or any other format for:

(please tick the appropriate box)

EITHER a specific project

Project name:

Expected end date:

OR all current and future ACHSM promotional purposes

I understand that my image:

- may appear on the internet and social media
- may be displayed in public and appear in print, digital or other new technologies
- may enable others to identify me.

I understand that once my image and name has been published on the Internet, the College has no control over its subsequent use and disclosure.

Name (please print):

Signature:

Date:

Email: