



### **STUDENT AND PARENT/GUARDIAN CONSENT FOR ELECTRONIC RECORDING &/OR PUBLISHING**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name of Supervising Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

The video of the above-named student is being sought for the VITTA Video Challenge competition.

This consent is for an indefinite period of time. Permission is being requested to publish, reproduce and communicate the above on an educational website on the World Wide Web.

Your work has been selected to be used as a resource by VITTA. It may be used at conferences, in printed and electronic publications, including the internet or video for educational purposes. If you agree to do this, the work will appear with your first name only.

#### **STUDENT AND PARENT/GUARDIAN CONSENT**

I, ..... (full name of student) give permission to VITTA to publish, reproduce and communicate my video / animation:

Working Title: ..... produced by me or of me on or about me.

#### **STUDENT IDENTIFICATION AND PRIVACY**

If published, reproduced and communicated I understand that for privacy purposes my work will be identified using the title of the work, my first name only, my year level and school. No other personal information will be published although I accept that my identity may nevertheless be apparent by association to a number of people.

#### **INTELLECTUAL PROPERTY AND COPYRIGHT**

I understand that I hold the intellectual property rights but grant VITTA licence to use them at no cost.

I grant permission to VITTA to use, reproduce, distribute, communicate to the public, publish, publicly perform, publicly display, modify, adapt, translate, upload, download in any form or manner, and incorporate this material into other materials or works in any format or medium for any non commercial purpose and the right to sublincense those rights. This consent is for an indefinite period of time.

I understand that I can withdraw my consent at any time but I must do so in writing and forward it to the VITTA, Suite 209, 134-136 Cambridge St, Collingwood, VIC 3066.

**Student Name (print) ..... Age ..... Year Level .....**

**Signature ..... Date .....**

(where student is under 18 years of age)

**Parent/Legal Guardian Name (print) .....**

**Parent Signature ..... Date .....**