Human Research Ethics Image Consent – Release Form

THE UNIVERSITY OF QUEENSLAND (ABN 63 942 912 684), a body corporate established under *The University of Queensland Act 1998* (Qld), of Brisbane, Queensland, 4072 (“**UQ**”)

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| **Study:** | *[****Guidance note:*** *Insert Study name]* |
| **HREC Approval Number:** |  |
| **Chief Investigator:** |  |

**Background**

1. UQ, through the [***Guidance note – delete unused option:*** Faculty of Medicine (**Medicine**)/Faculty of Health and Behavioural Sciences (**HABS**)], is undertaking the Study.
2. *[****Guidance note:*** *Insert any details about relevant Project Partners/Collaborators]*
3. You will be filmed, photographed and/or video or audio recorded when you participate in the Study. If you provide your consent to UQ, UQ may include your name and images in various forms for the promotion or management of the Study.

**Consent**

1. I give UQ (including its assigns, successors, licensees, legal representatives, employees, and agents) the irrevocable right to:
   1. collect and store my name and contact information;
   2. film, photograph and audio/video record me; and
   3. use my name, photograph, image, audio recording, video recording and likeness (**My Images**), for the following purposes *[****Guidance Note:*** *Delete the options below which do not apply]*:
   * marketing of the Study;
   * media publicity in relation to the Study;
   * marketing for future UQ research projects, including but not limited to publication on internet web sites, broadcasts and any other publications as released to or by UQ;
   * publications in relation to the Study, including but not limited to articles, reports, or conference presentations;
   * reporting to the Funder pursuant to the Funding Agreement relating to the Study;
   * future research purposes; and
   * future teaching, training and learning purposes,

collectively, the ‘**Use of My Image**’.

[***Guidance note:*** *if none of the above listed options sufficiently meet the requirements of your Study, please seek further guidance from your relevant Research Partnerships Manager.]*

1. [***Guidance note:*** *Delete this consent for 3rd party use if not applicable*] I give the same consent l have outlined in Paragraph 1 to each Project [Funder/Collaborator/Partner] with which UQ has executed an agreement in relation to the Study to the extent necessary for UQ to meet any third party obligations, namely:
   1. [***Guidance note:*** list Project Funders/Partners/Collaborators here]

**Acknowledgements**

1. I waive any interest I may have in the copyright to My Images and acknowledge that UQ owns all copyright in My Images (and any other aspect of My Images in which copyright subsists). I acknowledge that I am not entitled, nor shall in the future be entitled, to receive any payment or consideration in respect of the Use of My Image and agree to make no claim against UQ for any payments for the Use of My Image.
2. I acknowledge that UQ cannot control unauthorised use of My Images by persons not associated with UQ upon the Use of My Image. I forever waive my right to inspect or approve any Use of My Image by UQ and to other relevant parties (such as Funders, collaborators or subcontractors) but only to the extent required for UQ to meet any 3rd party, legislative or regulatory obligations. I release and indemnify UQ from any loss, damage, costs, expense, or claim (including consequential loss) connected with the Use of My Image, including action for defamation, libellous material, breach of privacy, or copyright.
3. I give my personal information for the purposes of giving the consent above and on the basis that UQ will use my personal information in accordance with the *Information Privacy Act 2009* (Qld) and UQ’s Privacy Management – Policy and Procedures (PPL 1.60.02).

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| Identifier (e.g. red top, blue hat) |  |

*Note: If you are under 18 years of age, your parent or guardian may be asked to fill in this section:*

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| --- | --- | --- | --- | --- | --- |
| Signature of individual or parent / guardian: |  | | | Date: |  |
| Name of individual: |  | | | | |
| Name of parent / guardian (if applicable): |  | | | | |
| Telephone: |  | Email: |  | | |