PHOTOGRAPHY & VIDEO CONSENT

The University of Sydney would like to take video and/or audio recordings and/or photograph participants taking part in the activities during the Summer Program. The photographs and/or recordings will be used for a range of purposes, but principally for use in materials produced by The University of Sydney. This may include, but is not limited to, magazines, newspapers, brochures, leaflets, podcasts, annual reports, websites and other electronic media for the purposes of promotion of the Summer Program and applications for further funding.

The photographs and recordings may be stored in The University of Sydney digital library. From the date they are taken, and may be used in University materials for up to 10 years.

The photographs may also be used by other third parties external to The University of Sydney, such as urban and local newspapers, metro and regional television networks, for news purposes, promotion of the Summer Program and annual and grant reporting. The University of Sydney accepts no responsibility whatsoever for the use of the photographs and/or recordings by any of those third parties. The University of Sydney is unable to offer any compensation or fee for their, or a third party’s, use of any photographs.

By ticking the consent box below you give permission for your child/ward to participate in video and/or audio recordings and/or photographs whilst participating in the Summer Program hosted by The University of Sydney.

In addition you give permission for these photographs, videos, audio recordings including adaptations or reproductions either in full or part of your child/ward taken at the Summer Program to be used by The University of Sydney to promote the Summer Program and for related educational, marketing and publicity purposes (including through internal and third parties external outlets and via any medium including but not limited to; radio, TV, video or internet).

You also acknowledge the intended uses (as stated above) and give your permission for the photographs, video or audio recordings as set out in this notification.

If you have any questions in relation to this consent or you wish to withdraw your consent at any time please contact our team at the address indicated on this form or via email to wmbb.program@sydney.edu.au.

Please tick applicable box (only select one):

☐ I CONSENT to the use of any photographs, sound and film recordings taken of my child/ward at the Summer Program for the promotion of The University of Sydney services and initiatives to the media and to the general public.

☐ I DO NOT consent to the use of any photographs, sound and film recordings taken of my child/ward at the Summer Program for the promotion of The University of Sydney services and initiatives to the media and to the general public.

If consent is not provided, your child/ward will be issued with a red identification badge/sticker to ensure that they are not filmed or photographed during the Summer Program.

PRIVACY STATEMENT

All personal information collected by the University is collected in accordance with the Privacy and Personal Information Protection Act 1998 (NSW). The University of Sydney will collect and store the information you voluntarily provide to enable processing of enrolments for the Summer Program, to assist in the event of a medical emergency, to ensure dietary and other medical requirements are accommodated, and for other University purposes in connection with the Summer Program. Your
2017 WINGARA MURA – BUNGA BARRABUGU SUMMER PROGRAM
MEDICAL INFORMATION & CONSENT FORM

Information may also be used to provide you with promotional information about events and services offered by The University of Sydney unless you opt out below. The information will be provided to relevant staff and to medical professionals where necessary. By signing this consent form, you acknowledge and consent to these disclosures. If you do not provide all the information requested, the University may not be able to enrol you into the Summer Program or provide you with other benefits in connection with the Summer Program. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to The University of Sydney can be accessed by you during standard office hours and updated by writing to us or by contacting us on 02 8627 8515.

☐ I do not wish to receive promotional information about events and services offered by The University of Sydney.

RISK WARNING

Please tick:

☐ I authorise The University of Sydney Staff to take all steps considered reasonably necessary to protect my child’s welfare during their participation in the Summer Program activities including taking steps to obtain emergency medical treatment if required. I authorise The University of Sydney staff, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary. I acknowledge that such treatment may require ambulance transport, hospitalisation as well as anaesthesia and/or surgery by a qualified medical practitioner. I agree to be responsible for all expenses incurred by Sydney University in respect of any such emergencies.

☐ I consent to The University of Sydney transporting or arranging the transport for my child/ward to each event/activity by bus, train, public transport 4WDrive or other means as appropriate.

☐ I consent to The University of Sydney staff first aid officer administering my child/ward the recommended dose of an analgesic such as paracetamol, ibuprofen and aspirin if requested or required.

☐ I understand that although The University of Sydney and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of the Summer Program and I accept that risk.

BY SIGNING THIS MEDICAL AND CONSENT FORM I CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

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<th>NAME (child/ward)</th>
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