**PARTICIPANT CONSENT FORM**

This form collects details about participants in Queensland Art Gallery | Gallery of Modern Art (QAGOMA) programs and events. Media and copyright consent is included in relation to participation in the program.

SECTION 1 EVENT/PROGRAM DETAILS

|  |  |
| --- | --- |
| Title:  | Creative Generation: 2024 In Residence  |
| Dates:  | Tuesday 26 November 2024Wednesday 27 November 2024Thursday 28 November 2024 |
| Enquiries:  | E: groupbookings@qagoma.qld.gov.au T: (07) 3840 7255 |
|  |  |

SECTION 2 PARTICIPANT DETAILS

|  |  |
| --- | --- |
| Participant Name  |   |
| Participant’s School & Year level  |  |
| Parent/Guardian’s Name |   |
| Family name /Community/Language Group (if relevant/known) |  |
| Parent/Guardian’s Address |   |
| Parent/Guardian’s Contact Information  | Mobile: |  |
|  | E:  |

SECTION 3 MEDIA AND COPYRIGHT CONSENT

On behalf of the Participant identified in Section 2, the Parent/Guardian signing this Consent Form grants consent to and licenses the Queensland Art Gallery | Gallery of Modern Art (QAGOMA) to use the Participant’s personal details and copyright material, as outlined below, in QAGOMA supported promotion and publicity material, including the QAGOMA website, blog, and social media.

Personal Details are the Participant’s name, image, video and/or sound recording of the Participant.

Copyright Material is written, artistic or musical works, or video or sound recordings created by the Participant in connection with the Event/Program identified in Section 1 of this Consent Form.

Limitations

|  |
| --- |
| *Please indicate whether limitations are to be placed on media and copyright consent (e.g. first name only when identifying the participant identified in Section 2)* |
| [ ]  no conditions or limitations on media and copyright consent |
| Limitations: |
| *Please indicate whether limitations are to be placed on format* |
| [ ]  no conditions or limitations on format |
| Limitations: |
| *Are there any cultural considerations that should be taken into account in relation to media and copyright consent? (If yes, please specify)* |
|  |

**Parent/Guardian Authorisation**

*Please sign and date below to give your consent conditional upon any limitations specified in Section 3.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |   |
| Name: |  |  |  |