

Application Form

Full name of Contestar Name	nt/Group				
Date of birth:					
Telephone:			Email:		
Address:					
Signature:					Date:
Category					
☐ Instrumental		☐ Singing		☐ Dancing	
Parental Consent I, participate in 'Mob Parent/Guardian S Media Consent	os Got Talent'			_, (Parent/Guardian) give po	ermission for my child/children to
	image/s or foo				Mackay Ltd (ATSICHS) to make, use hom I have authorised decision-
Conditions/limita	ations				
If you have any re cultural considera					tion, you should list them here (eg

Undertakings

I understand that by giving consent, that ATSICHS can use the image and/ or footage to promote the health service. ATSICHS may reproduce the image/s or footage in any form, in whole or in part, and distribute the works by any medium including the Internet.

I understand that ATSICHS:

- will not pay me for giving this consent or for the use of my image/s;
- may keep the image and/or recording on record until I revoke my consent;
- will return or destroy images and/or recordings if I withdraw this consent, with the exception of those already published;
- may use the image and/or recording in the future, unless I specify limitations for its use; and
- will not infringe the rights of any third party by exercising its rights given in this Consent.

Full name of Contestant/Group Name	
Contestant Signature:	Date:
Parent/Guardian Signature:	Date:

Submitting Application Form

Applications form can be sent to events@atsichs.org.au or handed in at YuwiYumba Cultural Hub (9 River St, Mackay)

For any enquiries, please contact Veronica Ah-Wang on 0499 029 709.