

## SOCIAL MEDIA CONSENT/ RELEASE FORM

*For news media, Promotional Materials, Written articles, Research and/or Photographs*

Participant details					
Title (Mr/Miss/etc)		Given Name		Family Name	
Date of Birth		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Home Address		Suburb		Postcode	

I, \_\_\_\_\_ hereby authorize Iconic Care Pty Ltd to take and use photo/videos of me and/or information related to my experiences with Iconic Care.

I understand this information may be used in publications including electronic publications, audio-visual presentations, promotional literature, advertising, community presentations, letters to area medical representatives and media and/or other similar ways.

Iconic Care Pty Ltd will disclose to me or my legal representative, where appropriate the specific information and/or photos to be used prior to release in the social media. My consent is freely given as a public service to Iconic Care Pty Ltd, without expecting any payment.

I, \_\_\_\_\_ release Iconic Care Pty Ltd and their respective employees, officers, and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I Prefer that:

- ☐ My full name be used
- ☐ My first name only be used
- ☐ None of my name/s be used

I, \_\_\_\_\_ understand that I can revoke this consent/release any time in writing and that the use of any of my photos or other information authorized by this consent will immediately cease.

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

Emergency Contact Details					
Full Name		Relationship to Participant			
Email Address		Contact Number			
Home Address		Suburb		Postcode	

Please hand over this form completed to staff or email at [info@iconiccaregroup.com.au](mailto:info@iconiccaregroup.com.au)