

REGISTRATION FORM

Student's Details

Given name _____

Family name _____

Age _____

Given name _____

Family name _____

Age _____

Parent's full name _____

Contact number (Home) _____ (Mobile) _____

Email Address _____

**Please forward completed registration form and image consent form to
confucius.institute@adelaide.edu.au**



THE UNIVERSITY
of ADELAIDE

University talent release and copyright agreement form

This form verifies the consent to use the image, information, interview, material or documents of the person stated below by the University of Adelaide, its agent, or any assignee, without any restriction.

I/We

of (address)

Email:

Phone/mobile:

For the purpose of:

HEREBY WARRANT and AGREE: -

1) That I/We **assign** any copyright in any photograph(s), video(s), commercial(s), film(s), multimedia, internet voice recording(s), print, advertising or any other hardcopy or digital format featuring me ("any image") and taken or recorded by the UNIVERSITY OF ADELAIDE (ABN 61 249 878 937) of North Terrace Adelaide 5005 or its agent

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(insert name of photographer/film company, etc)

2) That all right, title and interest in any image shall vest with the University of Adelaide and shall be their sole property free from any claim my me/us.

3) That the University of Adelaide may, in their absolute discretion, use any image for commercial and non-commercial purposes whether hardcopy or digital, moving or still, with or without retouching, adapting or otherwise altering any image for use anywhere in the world.

All of the information provided is true and correct and I/We take full responsibility for its accuracy and use of the information.

To my knowledge the use of my image, information, interview, material or documents does not breach any copyright, exclusivity, confidentiality or any other limitations of any third parties.

I/We **AGREE** that this Copyright Agreement and Release form is in addition to and not in substitution for any rights the University of Adelaide may have under the Copyright Act 1968.

Signed by the INDIVIDUAL(S) stated above:

Date: of 202.....

Signed: Name:

Witness: Name:

Signed by THE UNIVERSITY OF ADELAIDE by a duly authorised officer:

Signed: Name:

Witness: Name:

OFFICE USE: Describe photograph taken:

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