

MOBS GOT TALENT

REGISTRATION

Full name of Contestant/Group Name			
Date of birth:			
Telephone:		Email:	
Address:			
Signature:			Date:

Category

Instrumental

Singing

Dancing

Parental Consent

I, _____, (Parent/Guardian) give permission for my child/children to participate in 'Mobs Got Talent'.

Parent/Guardian Signature

Media Consent

I give consent to Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd (ATSICHS) to make, use and/or retain any image/s or footage as detailed below that may identify me for whom I have authorised decision-making responsibility.

Conditions/limitations

If you have any restrictions you want to apply to the use of your personal information, you should list them here (eg cultural considerations, usage restrictions, expiry of consent etc):

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:

Submit Registration form

Email your registration form to Veronica Ahwang at ah-wang@atsichs.org.au

Submit Your Video Entry

Visit www.atsichsmackay.org/yuwiyumba and upload your video to the OneDrive link at the bottom of the page.

The video file name must contain the contestants name.