



living positive victoria



Consent Form

I, the undersigned, do hereby consent and agree that People Living With HIV/AIDS Victoria Inc (Living Positive Victoria) and ACON (formerly AIDS Council of NSW), its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use these exclusively for the Disclosure Project (or as hosted through Facebook; YouTube, Sound cloud or other social media applications). I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to, Living Positive Victoria and ACON, their agents, and employees all rights to exhibit my submission(s) to the 'disclosure project' in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Living Positive Victoria is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____

Please complete information on the next page

What attribution would you like to accompany your submission to the Disclosure Project when it is published online?

Attribution to published story (please tick)

Anonymous

Full Name

Initials

Given Name

Given Name initial

Pseudonym (please print clearly below)
