



TALENT RELEASE FORM

Child first name and surname: _____

Child date of birth: ____ / ____ / ____

Address: _____

Phone number: _____

Event: _____

Date of event: Embrace Kids Live | 16 and 17 September, 2024

Location: **Bounce Osborne Park** 5 O'Malley Street, Osborne Park WA 6017

Media: Web, print, social media, promotional materials, course materials

In consideration for the Child participating in the Event, I agree that The Embrace Collective ('the Company') and its licensees and assigns may use and publish in any Media any recordings, footage and images of the Child captured during the Event. I agree that no consideration will be payable for that use or publication and that those recordings, footage and images and all associated intellectual property shall be the sole and absolute property of the Company for use in its discretion.

Signed by parent/legal guardian: _____

Name of parent/legal guardian: _____

Date: ____ / ____ / ____

Please return this form to your teacher to bring along to the event on the day.