

## *Healthy Country, Healthy Waters, Healthy Communities:* 2025 First Nations Land and Water Management Photography and Video Competition

### CONSENT FORM

(To be completed by the photographer / videographer of the Imagery entered into the competition)

#### **Permission by photographer / videographer to allow the eligible Organisation to enter their photograph or video into the Competition**

- ☐ I acknowledge that I am the author of the photograph(s) / video (the **Imagery**) submitted to the Competition.
- ☐ I acknowledge the Imagery was taken in the course of my employment with the eligible Organisation. This means that the © in the Imagery vests in the eligible Organisation, as my employer.
- ☐ I give permission for Imagery to be entered into the *Healthy Country, Healthy Water, Healthy Community: 2025 First Nations Land and Water Management Photography and Video Competition* (the **Competition**).
- ☐ I acknowledge that I will be correctly attributed and recognised as the author of the Imagery.
- ☐ I acknowledge that the use of the Imagery will be under the Competition Terms and Conditions.
- ☐ I acknowledge that the Terms and Conditions include the use of the Imagery by the Commonwealth for a period of (2) two years and permission will be sought for subsequent use of the Imagery in new material for any purpose after this period.
- ☐ I acknowledge that the use of the Imagery includes, but is not limited to, promoting First Nations land and water management stories in the National Indigenous Australians Agency (**NIAA**), Department of Climate Change, Energy, the Environment and Water (**DCCEEW**), Department of Agriculture, Fisheries and Forestry (**DAFF**) and broader Australian Government publications, websites and social media sites.

**Please tick to grant permission to use photographs/videos submitted to this Competition:** ☐

More on Commonwealth copyright can be found at [Copyright Basics](#).

**Signature of author of the photograph(s) / video(s) submitted to the Competition:** (if more than one person is the author of the photograph(s) / video(s), please submit permission form for each person)

**Signature:** ..... **Date:** .....

Full Name: