



PARTICIPATION AGREEMENT

ACMI School Holiday Workshops

This form outlines your agreement to allow your child to participate in a School Holiday workshop at ACMI. It also outlines your agreement to grant ACMI licence of your child's work.

ACMI is Australia's first centre dedicated to experiencing, exploring and enjoying the moving image in all its forms – film, video, television, multimedia, internet, games and emerging media. ACMI engages general audiences and special interest groups through an exciting range of exhibitions, screenings, education, production, events and other activities.

THIS IS AN AGREEMENT BETWEEN:

ACMI of Federation Square, Melbourne, Victoria, Australia ("ACMI")

AND:

_____ of _____ ("You")
(Name of parent / guardian) (Address of parent / guardian)

You wish to grant permission for your Child to participate in the School Holiday workshop at ACMI and to contribute your Child's work to ACMI on the terms of this Agreement.

Your Child's work is the artistic work produced by your Child at ACMI (the "Work").

Your Child's Details:

_____ ("Your Child")
(Your child's name)

ACMI shall be licensed to use the work in an appropriate manner (ie. in publications approved by ACMI, on the ACMI website) for education, documentation, presentation purposes, and exhibition purposes, the Work that is produced as a result of your child participating in a workshop at ACMI (the "Workshop").

ACMI agrees not to intentionally do anything in relation to the 'Work' that is prejudicial to the honour or reputation of your Child.

You agree to ACMI filming and taking photograph(s) of your child during the Workshop and authorise ACMI to publish and use the photograph(s) and footage in an appropriate manner (ie. in publications approved by ACMI and on the ACMI website) for education, documentation and presentation and promotion purposes.

The 'Work' produced will have been created through collaborative process with other participants of the workshop so this release also provides the permission for the 'Work' to be distributed to all participants involved in the creation of the 'Work' as a legacy of their creative endeavours.

Signed by parent / guardian: _____ Dated: _____

Signed by ACMI: _____ Dated: _____

Parent / guardian mobile phone number: _____

Email Address: _____



PARTICIPANT'S DETAILS:

Name of participant: _____

Age: _____

Date of Birth: _____

Home Address: _____

PARENT'S / GUARDIAN'S DETAILS:

Name/s: _____

Phones: Home: _____ Work: _____

Mobile/s: _____

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name: _____

Relationship: _____

Address: _____

Home Address: _____

Phone: _____ Mobile: _____

MEDICAL INFORMATION & OTHER:

Doctors Name: _____

Doctors Phone: _____

Is the participant currently taking any form of medication: YES / NO (please circle)

Name of Medication: _____

Details of Medication: _____
(How much and how often is it needed?)

Does the participant have any allergies? YES / NO (please circle)

Details of allergies: _____
(Please specify triggers, etc)

Does the participant have any additional or specific needs that we should be aware of?



DROP OFF & COLLECTION:

Who will be collecting the Participant: _____

Contact number for the person collecting the Participant: _____

If you give permission for your child to leave ACMI at the conclusion of the workshop without a parent / guardian collecting them please sign here: _____

OTHER NOTES & COMMENTS

Comments: _____
