



Video Consent Form

- I agree for the New Zealand Speech-language Therapists' Association (NZSTA) to record and use images, audio and video of me, without payment or compensation.
- I release all claim to these images, audio and video recordings to the NZSTA.
- I understand these recordings may be used by the NZSTA and made available via its websites, publications and Youtube channel.
- My assignment of these rights is for no specific purpose or period of time.
- I agree to these points above for myself, my child/ren, or any person who I have primary care responsibilities for.

Name: _____

Signature: _____

Date: _____

If applicable:

Person responsible for: _____

Your role (e.g., parent/guardian) _____

Signature: _____

Date: _____