

## PHOTOS AND FEEDBACK

When donors are generous enough to grant you the essential equipment you need, we ask that you pass on feedback and photos to let them know the difference they have made.

We would love to receive your pictures, thanks and success stories to pass on and share with the greater Humpty community.

**You can send these via email to [medical@humpty.com.au](mailto:medical@humpty.com.au)**

Please confirm that we have your permission to distribute your photos and feedback to the donor and on our social media channels.

## PHOTO REQUIREMENTS

- The equipment should be clearly visible, in focus, from a good angle and with enough lighting
- If you can, include people in the photo (staff or patients). For anyone featured in the picture, please be sure to let us know that we have their permission to share the image publicly, such as on social media. **If your photo includes patients or children, please note that we require the completed waiver overleaf.** If you can't get a media release, please make sure they are not identifiable

We know that life in hospitals is busy and that not everyone is a professional photographer. Therefore, we are grateful for whatever photos you can provide. The below images are examples of ideal photographs.



*(L) Nurse Sinead Nowlan from Sandringham Hospital, VIC, holding an Astodia Diaphanoscope*

*(Top) Staff at Latrobe Regional Hospital, VIC were delighted to receive four AIRVO 2 Humidifiers after a fundraising event by the MJs.*

## Media Release Consent Form



### Terms and Conditions for an Individual and/or Child/Parent or Guardian of the Child:

- This form grants authorisation to the Humpty Dumpty Foundation and its agents, without limitation, permission to record, use, publish or otherwise distribute any content taken of the Individual and/or Child/Parent or Guardian or recorded by, on behalf of or made available to the Humpty Dumpty Foundation.
- It also licenses the use of such content to the Humpty Dumpty Foundation and with that the right to modify such content in any form of media for any purpose; and waives any rights and claims, present and future, to any fees or royalties, moral rights or other benefits whatsoever for or in connection with the use of such content.
- It is acknowledged and agreed that such content may be used in various media formats including but not limited to online & social media, print, television and electronic means of communication and in any edited form.
- The Humpty Dumpty Foundation is granted a perpetual license to publish or disseminate any images and sound recordings of the Individual and/or Child/Parent or Guardian in any media format devised now or in the future.
- During the course of the interview / filming / participation he or she (Individual/Child) has not violated the rights of any third parties, and in the event of such breach he or she will defend and hold the Humpty Dumpty Foundation harmless against any such claim Participation is at their own risk and releases, indemnifies and holds harmless the Humpty Dumpty Foundation (including its employees, agents, officers and contractors) from any claim or demand which the Individual and/or Child/Parent or Guardian or has, or may have, connected with or incidental to their participation.
- This agreement is binding on all heirs, legal representatives, Guardians and assigns of parties to this agreement. The Individual and/or Child/Parent or Guardian acknowledges that this agreement is irrevocable, perpetual and universal.

In signing this release, you acknowledge having read and understood all of the terms contained in this release and that your involvement or the involvement of a Child who you have the authority to sign on behalf on, is subject to those terms:

|                                                                |  |                                  |                                                       |                            |         |       |
|----------------------------------------------------------------|--|----------------------------------|-------------------------------------------------------|----------------------------|---------|-------|
| Name of Child ... or ... Subject/s:                            |  | Date of Birth:                   | Gender:                                               | Patient / Sibling / Other: |         |       |
|                                                                |  |                                  | M <input type="checkbox"/> F <input type="checkbox"/> | Patient                    | Sibling | Other |
|                                                                |  |                                  | M <input type="checkbox"/> F <input type="checkbox"/> | Patient                    | Sibling | Other |
| Medical Condition (optional):                                  |  |                                  |                                                       |                            |         |       |
| Name of Individual and/or Parent/Guardian:                     |  | Title:<br>Relationship to Child: |                                                       |                            |         |       |
| Email:                                                         |  | Phone/Mobile:                    |                                                       |                            |         |       |
| Address:                                                       |  | Post Code:                       |                                                       |                            |         |       |
| Signature:                                                     |  | Date:                            |                                                       |                            |         |       |
| Office Use Only. Copy of image to be attached to this document |  |                                  |                                                       |                            |         |       |
| Photo description                                              |  |                                  |                                                       |                            |         |       |
| Notes/Instructions:                                            |  |                                  |                                                       |                            |         |       |