



Toowoomba Music Therapy Services Policy & Procedure Manual

Form	Version	Date
4.3.3.1 – Talent Release (The Rainbow Choir)	v.1.1	25/04/2024

Procedural Statement

This form supports Toowoomba Music Therapy Services to apply the National Disability Services Standards, protecting participant privacy under Standard 1: Rights, and affording participant choice under Standard 2: Individual Outcomes.

The consent below relates specifically and is limited to the participant's involvement in the community music therapy program 'The Rainbow Choir' and exists to allow audiovisual and photographic recording of Rainbow Choir participants and support staff by the therapist and the wider news media.

This consent would allow for rehearsal and performance recordings to be provided or made available to current & prospective Rainbow Choir participants, families and interested persons via DVD and online access through publication on social media managed by the therapist including the website www.toowoombamusictherapy.com.au and facebook www.facebook.com/therainbowchoirtoowoomba.

Recording may include excerpts from Rainbow Choir sessions conducted via online meeting platforms such as Zoom. Consent would allow the news media at times to broadcast images and recordings via physical and online print media, television and/or radio, supporting community interest.

Recording and intellectual property rights in recordings are retained by the therapist, original artists and/or respective media companies. Recordings provided by the therapist are done so without cost and no financial compensation is afforded to those featured within recordings.

Consent is optional and may be withdrawn at any time. Those not providing consent may still participate in the Rainbow Choir but will be necessarily obscured or omitted from identifiable recordings.

Informed Consent for Talent Release

I, (insert name of participant / talent / support person) _____
hereby assign and grant Toowoomba Music Therapy Services the right and permission to use, publish and/or authorise photographs/video and/or sound recordings made of me as described above without limitation across all media, waiving any right to compensation.

Participant / talent / support person Signature _____ Date _____

_____ Home Address _____ Phone _____

_____ Name & Signature of Guardian (if under 18 years)

(Signature of authorised person from provider)

Rob McGrigor RMT
A.Dip.App.Sc.,B.Nurs.,G.Dip.Ed(EC),MMusThy.,MMHN.
Registered Music Therapist & Neurologic Music Therapist
Toowoomba Music Therapy Services
PO Box 18053 Clifford Gardens QLD 4350
Email: admin@toowoombamusictherapy.com.au
Web: www.toowoombamusictherapy.com.au
Facebook: www.facebook.com/therainbowchoirtoowoomba
Mobile: 0419 644 058
ABN 90 174 096 855 NDIS Provider No 4050 002 481