ORDER OF MALTA

AUSTRALIAN ASSOCIATION

Photographer's / Videographer's Release Form

This Agreement is made on the _____ day of _____ 20_____

Between "THE PHOTOGRAPHER / VIDEOGRAPHER"

Name	**Click here to enter text.**
Company	**Click here to enter text.**
Email	**Click here to enter text.**
Telephone	**Click here to enter text.**

and the Australian Association of the Sovereign Military Hospitaller Order of St John of Jerusalem of Rhodes and of Malta ("AASMOM")**.**

The photographer/videographer agrees and consents to the use of photography, recordings, films, videos taken between the following dates

____/____/____ And ____/____/____

DD/MM/YY *DD/MM/YY*

for AASMOM and its services based on the following terms and conditions:

- In consideration of the sum of money agreed as per contract paid to the photographer / videographer, the photographer / videographer assigns absolutely to AASMOM the copyright subsisting in the photographs, recordings, films and/or videos for the purpose of activities relating to AASMOM and other activities run by or for AASMOM.
- AASMOM shall have sole and exclusive right to reproduce and to authorise reproduction of any or all of the said photographs, recordings, film and/or videos in any manner and through any medium without further payment.
- AASMOM hereby agrees that the conditions herein are additional to and not in substitution for any rights the Photographer / Videographer may have under the Copyright Act 1963 (as amended).

Signatures
Name of Photographer / Videographer Click here to enter text.