



Brock University Photography Authorization and Release Form

Please read carefully

Authorization

I hereby authorize Brock University (the "University") to photograph, record, and/or videotape me in relation to my participation in a photo shoot or event for the University.

I hereby grant to the University and/or any third party it may authorize, the right to reproduce, use, exhibit, share, display, broadcast, alter, modify, distribute and create derivative works of the photographs, recordings, and/or videos of me, my likeness, or my voice for use in connection with the activities of the University or to promote, publicize, fundraise, or explain the University or its activities. This grant includes, without limitation, the right to publish such images, recordings, and/or videos in any University publication, multimedia production, display, advertisement, social media and online publication.

These images may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

If I am less than eighteen (18) years of age, my parent or legal guardian has also signed this form and agrees on my behalf to the terms set out herein.

Release

I hereby release and forever discharge the University, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of my photograph, recording, and/or image, including but not limited to, any claims for invasion of privacy, appropriation of personality, or defamation. In no event or circumstance will I be entitled to compensation, royalties, or damages from the University, nor will I be entitled to interfere with, or enjoin, in any way any use to which my image, recording, or photograph is put by the University.

Name (printed): _____

Signature: _____

Witness Name (printed): _____

Witness Signature: _____

Date of Agreement: _____

IF UNDER 18, BOTH SECTIONS MUST BE COMPLETED:

Name of parent or guardian (printed): _____

Signature: _____

Witness Name (printed): _____

Witness Signature: _____