

# Image Consent Form - Minors and Celebrities

## Photographs, Videos and Recordings

I hereby grant permission to Ryerson University, carrying on business as Toronto Metropolitan University (the “University”) and its representatives to photograph and video me and otherwise capture my image, and make recordings of my voice at the event or location noted below.

Event/Location \_\_\_\_\_ Date \_\_\_\_\_

I further grant to the University and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining the University and its activities and for administrative, educational or research purposes. I acknowledge that the University owns all rights to the images and recordings.

First and Last Name (printed) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name (if under age 18) \_\_\_\_\_

## Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings or materials. I hereby release, defend, indemnify and hold harmless the University, its Board of Governors, related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be or distribution. I am 18 years of age or older and I am competent to contract in my own name.

I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assignees.

\_\_\_\_\_  
Signature (if 18 years or older) \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Parent/Guardian (if under age 18) \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date

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