

## Image Consent Form - Minors and Celebrities

## Photographs, Videos and Recordings

I hereby grant permission to Toronto Metropolitan representatives to photograph and video me and of my voice at the event or location noted below.	otherwise capture my image, and make recording
Event/Location	Date
I further grant to the University and its representation broadcast and distribute and create derivative wo now known or later developed as well as my name University and its activities and for administrative that the University owns all rights to the images a	orks of these images and recordings in any media e for promoting, publicizing or explaining the , educational or research purposes. I acknowledge
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.

LONG FORM: For use in relation to well-known individuals, celebrities and minors (those under 18).

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	

**Privacy Notice:** In accordance with the <u>Freedom of Information and Protection of Privacy Act (1990)</u>, personal information including images and recordings captured in connection with this form is collected under the authority of the <u>Toronto Metropolitan University Act (1977)</u> and the <u>Notice of Collection</u> and will be used for promoting, marketing, publicizing or explaining Toronto Metropolitan University activities and for administrative, educational, promotional or other related or consistent purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information by Toronto Metropolitan University please contact the Privacy Officer, Toronto Metropolitan University, 350 Victoria Street, Toronto, ON M5B 2K3, email fippa@torontomu.ca.