



# Photograph, Video and Voice Recording Consent, Waiver, Indemnity and Release Form

## Photographs, Videos and Recordings

I hereby grant permission to Ryerson University and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice at the event or location noted below.

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

I further grant to Ryerson 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 Ryerson University and its activities and for administrative, educational or research purposes. I acknowledge that Ryerson University owns all rights to the images and recordings.

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

E-mail \_\_\_\_\_ 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 Ryerson University, its Board of Governors, officers, employees or agents from and against any claims, damages or liability arising from or 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 produced in taking, processing, reduction or production of the finished product, its publication 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 assigns.

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Signature (if 18 years or older)

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Date

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Signature of Parent/Guardian (if under age 18)

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Date

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Signature of Witness

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Date

**Protecting Your Privacy:** In accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act (1990), personal information including images and recordings in connection with this form is collected under the authority of the Ryerson University Act (1977) and will be used for promoting, publicizing or explaining Ryerson University and its activities and for administrative, educational or research 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 Ryerson University as referenced on this form, please contact: Information and Privacy Coordinator, Ryerson University, 350 Victoria Street, Toronto, ON M5B 2K3, tel. 416-979-5000 ext. 4676, email [fippa@ryerson.ca](mailto:fippa@ryerson.ca).