

Multimedia Consent, Waiver, Indemnity and Release Form

Photographs, Videos, Voice Recordings and Testimonials

I hereby authorize Toronto Metropolitan University (the University") and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice. I further grant the University the right to use, publish and display, or permit to use testimonials created by me including all text, names, likenesses, artwork, images, trademarks or trade names at their sole discretion in any publication, multimedia production, display advertisement or internet publication.

Event/Location	Date
I further grant to Toronto Metropolitan University and its represeruse, exhibit, display, broadcast and distribute and create derivative recordings and testimonials in any media now known or later develor promoting, publicizing, explaining or marketing Toronto Metropand for administrative, educational or research purposes. I acknow University owns all rights to these materials.	ve works of these images, eloped as well as my name politan University and its activities
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 any finished product wherein my likeness or my testimony appears. 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.

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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.

Signature (if 18 years or older)	Date
Signature of Parent/Guardian (if under age 18)	 Date
Signature of Witness	 Date

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