



Photographs and Video Consent, Waiver, Indemnity and Release (Long Form)

Photographs, Videos and Recordings

I hereby grant permission to York University and its representatives to take photographs or videos of me and to make recordings of my voice at the event or location noted below.

First and Last Name (Printed) _____

E-mail _____ Phone _____

Parent/Guardian Name (if under age 18) _____

Event/Location _____ Date _____

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Waiver, Indemnity and Release

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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 age 18 or older)

Date

Signature of Parent/Guardian (if under age 18)

Date

Signature of Witness

Date

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