



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 _____

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

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 York 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.

Signature (if age 18 or older)

Date

Signature of Parent/Guardian (if under age 18)

Date

Signature of Witness

Date

Privacy: Personal information including images and recordings in connection with this form is collected under the authority of The York University Act, 1965 and will be used for promoting, publicizing or explaining York 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 York University, please contact: Information and Privacy Coordinator, x40706, info.privacy@yorku.ca.

This form is for well-known individuals, and for University marketing and advertising

Information and Privacy Office

Updated January 2015