



PERSONAL PHOTO/VIDEO/SOUND RECORDING CONSENT AND RELEASE FORM

Please check the option that applies to your situation before proceeding:

- I am providing this authorization for myself.
- I am providing this authorization as the parent or legal guardian of the minor concerned.

For the purpose of teaching, research, recruitment activities, student life, philanthropy and alumni activities, I authorize Université Laval and its agents and subcontractors to take photos and/or audio-video recordings of me and my voice and to copy, share, and publish these images and recordings in the following formats and for the following uses: newspaper and magazine ads, promotional posters, websites, social media, and any other advertising materials produced by Université Laval for national or international markets.

I also consent to have these photos and videos retouched and modified in any way that is deemed useful. My consent is conditional on my image and/or voice being used in a way that does not damage my honour or reputation and is in accordance with the conditions of consent listed in this form and for no other purpose.

I acknowledge that I do not hold any copyright to the content created by virtue of this form and that I am not owed any royalties for its use.

I have been informed that the photos and/or audio-video recordings taken and the information contained in this form can be considered personal information held by Université Laval and that as a public body, the university is subject to the Act respecting Access to documents held by public bodies and the Protection of personal information in terms of how such information is collected, used, held, secured, and stored. I know that this law contains provisions regarding the rights of the persons concerned by personal information held by public bodies, including rights regarding access to that information.

I acknowledge that Université Laval will choose the subjects and contexts in which photos of me and recordings of my voice are used.

This consent and release form is for all places and times and is limited to the photos and audio-video recordings from the photo session on _____ with _____.

Check the box below:

- I confirm that I am 14 years or older and am able to sign this consent and release form on my behalf or on behalf of the minor that I represent.

In witness whereof, I have signed in: _____ on _____

Signature : _____

First and last name (in block letters): _____

Check the box below:

- Check this box if you are acting as the parent or legal guardian of the minor
- concerned. Doesn't apply, I am 14 or older.

First and last name of the minor child, if applicable (in block letters): _____

To contact me: _____

Home phone: _____

Cell: _____

Email: _____