

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 _____

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First and Last Name (printed) _____

Email _____ Phone _____

Parent/Guardian Name (if under age 18) _____

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 18 years or older)

Date

Signature of Parent/Guardian (if under age 18)

Date

Signature of Witness

Date

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