



PHOTO/VIDEO/FILM RELEASE FORM

Date: _____

I, _____, hereby give McMaster University's Faculty of Health Sciences my permission to take and use any photographs, movie films or video tapes made of me, on (date) _____, and I consent to the reproduction of same in any proper manner whatsoever for possible publication and I hereby waive any rights that I may have in such photographs, movie films and video tapes or reproductions of same.

I hereby release McMaster University's Faculty of Health Sciences, its employees, agents, servants and attending physicians from all actions, causes of actions, claims and demands arising out of such consent.

Notice of collection of personal information

By taking my photograph, whether by still photograph, film or video, I acknowledge that McMaster University is collecting my personal information as defined by the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990).

The personal information is collected under the authority of The McMaster University Act, (1976). The information is used for public relations purposes of the Faculty of Health Sciences including, but not limited to, publications, websites and materials promoting McMaster University. Personal information will not be used for any unrelated purpose without prior consent. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Manager, Public Relations, Faculty of Health Sciences.

_____ → _____
Printed name *Signature*

_____ → _____
Witness Printed Name *Signature*

Parent or Guardian permission

I, _____, represent that I am the parent or guardian of the minor named above and that I have the legal authority to execute the foregoing consent and release and hereby approve the foregoing and waive any rights in the premises.

_____ → _____
Printed name *Signature*

_____ → _____
Witness Printed Name *Signature*