UNIVERSITY OF TORONTO

Photography and Video Consent Form

Name of Event/Shoot: _____

Date: _____

I give permission to the University of Toronto (the "University") to capture/make images, including photographs and/or videos, of me for University activities and for promoting the University. I also give permission for images of me to be copied, used, exhibited, displayed, broadcasted, distributed and posted, including derivative works and recordings in any format or media now or in the future. I understand that images of me will become the property of the University, and be kept for use by the University.

I understand that I have the right to revoke consent, at any time, to future use of images of me by contacting:

Name	Signature	Notes

The University of Toronto respects your privacy. Images of you collected pursuant to section 2(14) of the University of Toronto Act (1971) may be disclosed to outside service providers for processing and production. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions, please contact:

Print Form Reset Form