



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 us at the address below and providing a way of identifying the photo, video or recording concerned:

Name (printed)

Signature

Name and signature of parent/legal guardian
(if subject is under 18 years old)

Notes: _____

