Photo and Video Release Form

I, the undersigned, hereby grant permission to the **Virtual Learning Strategy Project\* “—Insert VLS Project Title -- ”** (funded by eCampusOntario), the rights and permissions to copyright, publish, reproduce my image, in video or still, and the likeness and sound of my voice as recorded on audio or video. I understand that my image may be edited, copied, exhibited, published, or distributed, and I waive the rights to inspect or approve the finished product wherein my likeness appears. I also understand this material may be used individually or in conjunction with other media in any medium, including without limitation to print publications, digital publications, and/or public broadcast for any lawful purpose. Additionally, I waive any rights to royalties or other compensation arising or related to the use of my image or recording.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. This release applies to photographic, audio, or video recordings collected as part of the project listed on this document only. I understand that this material may be used in diverse educational settings within an unrestricted geographic area. There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

I hereby certify that I am over eighteen years of age and am competent to contract in my own name insofar as the above is concerned. If I am under eighteen years of age, my parents or legal guardians have read this document and have given their consent by signing below. By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for marketing, educational, promotional, and/or any other lawful purpose whatsoever.

|  |  |
| --- | --- |
| **Full Name** |  |
| **Street Address** |  |
| **City** |  | **Province/State** |  |
| **Postal/ZIP Code** |  | **Country** |  |
| **Phone** |  |
| **Email** |  |
| **Signature** |  | **Date** |  |

\* \* The VLS Project **“-- INSERT PROJECT TITLE --”** will be licensed under a **– insert the Creative Commons Licence agreed upon and explanation of what it means --** For further information about the VLS project, please contact **– INSERT CONTACT email -**