



**University
of Victoria**

RELEASE FORM

Date: _____ I, _____
(please print full name)

being of legal age hereby consent and authorize the University of Victoria, its legal representatives(s) and assign(s), to use and reproduce my name and motion picture photograph(s) and / or television images(s) taken by: _____
on: _____

and circulate and disseminate the same for any and all educational purposes, including educational television broadcasting of every description. No further claim of any kind will be made by me. No representations have been made to me.

Signature: _____

Address: _____
address City Province Postal Code

Witness: _____ Signature: _____
(please print full name)

Date: _____ I, _____
(please print full name)

hereby affirm that I am the (parent / guardian) of _____
(please print student's full name)

and without further consideration I hereby irrevocably consent that each of the motion picture photograph(s) and / or television image(s) which have been taken may be used by the University of Victoria for educational purposes including educational broadcasting.

Parent / Guardian Signature: _____

Address: _____
address City Province Postal Code

Witness: _____ Signature: _____
(please print full name)