



**RELEASE FORM FOR USE OF VISUAL AND AUDIO RECORDINGS**

I (hereinafter referred to as the “**Releasor**”) hereby:

- (1) Grant permission to Lakehead University (hereinafter called the “**University**”), its Board of Governors, officers, employees, volunteers, agents, independent contractors, licensees, successors, assigns, and any third party it may authorize (hereinafter collectively referred to as the “**Releasees**”), to take photographs or videos of me and to make recordings of my voice (said photographs, videos, and/or recordings are hereinafter called “**Recordings**”) in the following context:

Event or Occasion:	
Location:	
Date:	
<b>University Unit Making Recording:</b>	

- (2) Further grant to the **Releasees** the full right to use, reproduce, create derivative works of, display, broadcast, distribute, sell, license, lend, and give away the originals, reproductions, editions, adaptations, alterations, and derivations of the **Recordings** in any media now known or later developed, anywhere in the world, and in perpetuity, in connection with promoting, publicizing or explaining the **University** and its activities and for administrative, educational, or research purposes.
- (3) Waive any right to inspect or approve the use of the **Recordings** or of any reproduction, alteration, or derivation of the **Recordings** in any medium.
- (4) Further waive all moral rights and all claims to royalties or other compensation arising from or related to the making or use of the **Recordings** or reproductions, alterations, or derivations of the **Recordings**.
- (5) Understand and agree that the **University** owns all rights to the **Recordings**.
- (6) Confirm that I am 18 years of age or older and that I am competent to contract in my own name. I have read this Release Form before signing below, and I fully understand its contents, meaning and impact. I agree that this Release Form, including all its contents, is binding on me, my heirs, executors, administrators and assigns.

Print <b>Releasor's</b> Name:			
<b>Releasor's</b> Signature:		Date:	
Parent/Guardian's Signature if <b>Releasor</b> is under 18 years old.		Date:	

- (7) Grant permission to the **University** to use my name with these images and recordings.

<b>Releasor's</b> Signature:		Date:	
Parent/Guardian's Signature if <b>Releasor</b> is under 18 years old.		Date:	

Printed Name of <b>University</b> Official Witnessing Signatures and Accepting This Release on Behalf of the <b>University</b> :
Official's Signature: