**Waiver and Release Form**

I grant Vancouver Island University:

∙ Copyright and/or use of my photographic images and/or video and/or testimonials in various forms of media, including printed or multi-media materials, to be used by or for Vancouver Island University to assist in publicity, promotion, university advancement, marketing and/or educational purposes

∙ The permission to identify me by name, program and such identifiers as class year, graduation date and hometown (if applicable)

I hereby realize and accept that I am participating on a voluntary basis and will not receive financial compensation from the photographer/videographer/interviewer, from Vancouver Island University or any firm publishing and/or distributing the finished product.

*-Children under 18 years old must have a parent or legal guardian sign this waiver on their behalf.* ***Are you signing this waiver as a parent or legal guardian****? If yes, check here:* □

*Please indicate name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* I understand and agree to this release.

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT DO YOU LIKE MOST ABOUT VANCOUVER ISLAND UNIVERSITY?** (THIS TESTIMONIAL MAY BE USED IN PROMOTIONAL MATERIALS)

**Respecting Your Privacy**

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