



VANCOUVER ISLAND
UNIVERSITY

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)

WITNESS _____
(please print)

EMAIL _____

EMAIL _____

PHONE _____

PHONE _____

SIGNATURE _____

SIGNATURE _____

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

Respecting Your Privacy

Vancouver Island University, is committed to respecting your privacy. The personal contact information you provide here will not be published without your permission. It may be used to contact you to discuss matters pertaining to the use and reproduction of your photo and it may be shared with other VIU employees for this purpose. Any personal information you provide is managed according to the British Columbia Freedom of Information and Protection of Privacy Act (FOIPPA).