



Instructional Resources

AV / MultiMedia Services CONSENT AND RELEASE

History of Medicine Days 2020

Name of Program or Project

I, the undersigned, hereby consent to participation in the program or project identified above, and agree to audio and/or visual recording or photography of myself in conjunction therewith.

I agree that the University of Calgary may reproduce any recording or photography so made in the whole or in part and that the original and any copies of such recordings or photographs will become the property of the University of Calgary.

I agree to the unrestricted distribution and use of said recordings or photographs and any copies thereof for educational purposes by the University of Calgary, its employees, agents or assignees and I understand that there will be no financial or other consideration for the production or use of said recordings or copies thereof.

I further agree to the use and publication of all or part of said recordings or photographs for advertising, trade or art purposes in any and all publications or broadcast media.

I further agree and I do hereby release and forever discharge the University of Calgary, its employees, agent, or assignees, from all claims, demands, damages, actions or causes of action of any nature whatsoever, arising or to arise by reason of the usage of any of the aforementioned recordings or photographs and of and from all claims or demands whatsoever in law or in equity which I, my heirs, executors, administrators, or assignees may have by reason aforesaid against the University of Calgary.

I certify that I have read and fully understand this consent and release and that all questions pertaining to this consent have been answered to my satisfaction.

Dated at the City of _____, in the Province of _____, this ____ day of _____, 2020

Signature of Subject

Signature of Witness

Print Name

Print Name