

INTER VARSITY INTERVIEW/PHOTOGRAPHS/AUDIO/VIDEO CONSENT FORM

This Consent Form must be used at the time:

- when interviews are undertaken or when photos or videos are taken by the media or an outside organization and where the individual students are identified by name.
- when photos or video are taken by InterVarsity staff, students, volunteers or representatives, where individual students are identified and the material is to be used for purposes outside of the InterVarsity Christian Fellowship of Canada student group.

I _____ understand that the primary purpose or
NAME (FIRST/LAST)
use of the interview, photograph or videotape will be:

- **I hereby give Inter-Varsity Christian Fellowship of Canada** the right and permission, with respect to any photographs, taped interviews or digital images that it has taken of me, to use this material in only the primary purpose described above.

OR

- **I hereby give Inter-Varsity Christian Fellowship of Canada** the absolute and irrevocable right and permission, with respect to any photographs, taped interviews or digital images that it has taken of me to:

(a) use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, interviews or images in a publication, print ad, electronic media (e.g. CD-ROM, Internet, World Wide Web) or other form of promotion;

(b) use my name in connection therewith, if InterVarsity so chooses. This permission is unconditionally granted to InterVarsity for educational and related purposes deemed appropriate by InterVarsity.

I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with the information contained in the interview or the image that has been reproduced. I further understand that InterVarsity shall not be required to pay any consideration for the unlimited usage of my photograph and/or image and contents of my interview. I agree to save harmless, indemnify and release InterVarsity, its officers, servants, employees and representatives, from and against all claims, actions, costs, expenses and demands with respect to the release of my personal information and use of my photograph and/or image.

I am of the legal age and have read the foregoing and fully understand the contents thereof.

SIGNATURE / NAME (IF UNDER AGE) OF SUBJECT SIGNATURE PARENT/LEGAL GUARDIAN (IF SUBJECT IS UNDER AGE) WITNESS SIGNATURE DATE