



**Authorization to Reproduce Physical Likeness / Voice and or
Name / Student Work For Educational,
Marketing and Advertising Purposes**

(Where practicable attach a copy of the visual / sound recordings approved by this authorization.)

<input checked="" type="checkbox"/> Varun Bhatt PRINT – First and Last Name of Individual	Parent/Guardian (If Individual under 18 years of age)
<input checked="" type="checkbox"/> Unit 108, 10756 81 Ave, Edmonton, AB, CA Address of Individual	Address of Parent or Guardian
<input checked="" type="checkbox"/> +15879375010 Telephone Number of Individual	Telephone Number of Parent or Guardian

REPRODUCTION RIGHTS

I HEREBY GRANT TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to

- Photograph ME ☐
- Make recordings of MY VOICE ☐
- Make combined audio-visual recordings of ME and MY VOICE ☒
- Photograph and make recordings of MY (specify) ☒ Tea Time Talk on ☒ 13 June 2019 (date)
- Student work (specify type) ☒ x Training Multiple Intelligent Agents to Communicate (title)

I CONSENT TO THE USE OF THESE RECORDINGS BY THE UNIVERSITY OF ALBERTA for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity or for the dates specified _____.

Intended uses:

1. Archival and promotional purposes

2. _____

3. _____

CONSENT TO DISCLOSE IDENTITY

Individual's identity, as indicated below, ☒ MAY ☐ MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized University of Alberta website, such as www.ualberta.ca. **Consent takes effect when this agreement is signed.**

☒ FIRST AND LAST NAME ☐ FIRST NAME ONLY ☒ SCHOOL OR BUSINESS

<input checked="" type="checkbox"/> <u>Varun Bhatt</u> Signature of Individual (If over age 18)	<input checked="" type="checkbox"/> 18 June 2019 Date
Signature of Guardian (If Individual is under 18 years of age)	Date

Protection of Privacy – The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act*, and will be protected under Part 2 of that Act. It will be used for the purpose of educational, marketing and/or advertising purposes as agreed to above. Questions concerning the collection, use and disposal of this information should be directed to: [contact position, full address, and business telephone number]

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to the office seeking consent.

July 2017