



Model Release Form

Film/photography
primary use _____

Film/photography date
of first publication _____

Photographer's
name _____

University of Auckland
contact person _____

The following fields are mandatory.

Date _____

First name _____

Preferred name _____

Email _____

Company name (if applicable) _____

Last name _____

Date of birth _____

Mobile _____

What are you wearing in the film/photoshoot?
(This helps us identify you during post-production.)

Current programme of study

Please tick:

- I agree that the University may record, use, re-use, publish, republish and communicate my likeness and where relevant my performance by means of audio, video, film, photograph or other such format as may now or in the future exist or be discovered (the material) for the purpose of promoting the University or any of the University's activities in:

Printed materials such as prospectuses, handbooks, newsletters, flyers, and posters; I also agree to the use of my likeness on University of Auckland websites

Public advertising such as adshels, billboards, and University or non-University commercial vehicles

Social media such as posts on Facebook, Instagram, Snapchat, YouTube, and Twitter

I grant the permissions above for a period of:

- 4 years from the date of first publication
 5 years from the date of first publication
 10 years from the date of first publication

Signature _____

I agree to the following:

Copyright in all the resulting images and other material incorporating my likeness (the material) is the property of the University of Auckland. This applies to any material used in any media to promote the University of Auckland. Such media may include but is not limited to website, print, cinema, video, social media or any other media or medium yet to be developed or discovered.

I waive any right to inspect or approve the finished material which includes my likeness, and I understand that the University of Auckland is under no obligation to provide electronic copies of the resulting images and other material. I waive any right to royalties or other compensation arising from or related to the use of this material.

I can withdraw my consent at any time, however I understand that any published material will not be retroactively recalled if I choose to withdraw my consent.

I certify that I am either of legal age, or possess full legal capacity to execute the following release. I have read this release before signing below and I fully understand the contents, meaning and impact.

Date signed _____