

Please contact [marketing@durhamcollege.ca](mailto:marketing@durhamcollege.ca) if you require assistance to complete this form.

Without compensation of any kind, I hereby give the media (online, print, broadcast) the right and permission to do the following in any materials including publications, websites, videos, etc. resulting from the following event at Durham College:

Event Name:

- Create photographic or electronic records containing my image and/or communications related to my attendance at Durham College including classroom participation, use of campus facilities, laboratories, training, sports, clubs or any extra-curricular matter;
- Copyright the photographic or electronic records containing my image and/or communications in its own name or in any other name which it may choose;
- Telecast the photographic or electronic records one or more times over any Internet site, station or stations, to publicize any portion thereof by any means, for any purpose whatsoever in whole or part, including – but not limited to – promotion, advertising or trade;
- Use your name/comments in connection therewith if it so chooses; and

I acknowledge that the media is, and will be the sole owner of all rights in and to the photographic or electronic records thereof, for all purposes indicated above in perpetuity. I hereby assign any copyright or publicity rights, or any other rights that I may have regarding the photographic or electronic records to each individual media outlet.

I also release Durham College, its governors, officers and employees (the "Releasees"), by reason of the use of these photographic or electronic records from any and all claims, demands and actions of any nature which I could, or might have against the Releasee(s) by reason of any fact or matter whatsoever.

**By signing my name, I acknowledge that I have read, understand and agree with the contents contained within this form.**

Project:

First Name:  Last Name:

Email Address:

Telephone Number:  Date (yyyy-mm-dd):

Signature of Participant:

**If under 18 years of age, a signature of a parent or guardian is required.**

I acknowledge that I have read and understood this document. I agree to its terms in connection with the photographic or electronic records of the likeness of my child:

*CHLOE Du*

Parent or Guardian's First Name: *BING*

Parent or Guardian's Last Name: *Du*

Date (yyyy-mm-dd): *2022-12-27*

Signature of Parent/Guardian: *Ben*

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