



**MEDIA AUTHORIZATION
RELEASE FROM LIABILITY**

I, _____ hereby authorize the University of Prince Edward Island, hereafter referred to as "the University", and _____ acting as the University's photographers, videographers, or digital media producers, to take photographs and/or videos of me, and/or to record audio of my voice and statements, described as follows: _____ for use in print, multimedia presentations, television/radio commercials, and/or web/digital promotional materials for the University of Prince Edward Island.

I authorize the University to use, at its sole discretion, the images or audio captured with my permission, for commercial/promotional purposes in the broadest sense, including third-party use as deemed appropriate by the University. I understand and agree that the University will choose which, if any, photos, audio or video recordings that will be published in whole or in part and agree that editing of my image or voice may be necessary in preparing materials for production. I understand that images or voice recordings are the property of the University and are not available to me for commercial use. The University is not obligated to provide copies of photographic images to individuals photographed. Photos will not be released prior to the publication or release date of images destined for University promotional material. I understand and agree to allow photos to remain in the UPEI stock photo library for possible future use by the University.

I hereby release the University from any and all claims, demands, actions, causes of action (including invasion of privacy), and/or liability howsoever arising out of the use of the images (photograph, print, video, web), or audio, hereby authorized to be taken or recorded; and/or arising out of any part of the planning, or during the process, or after acquiring the images, video, or audio including travel to and/or from on- and off-campus locations.

Also, in the publication via any media, of the aforementioned materials in which I appear or am featured, I give my permission to use: (please initial one of the following options)

_____ my first and last name; or _____ my first name only; or _____ my name is not to be published.

Dated at _____, this _____ day of _____, 20_____

Signature _____

Witness (or legal guardian, if the signatory is under 18 years) _____

Mailing address _____

Telephone number _____ Email address _____

Student/staff number if applicable _____ Program and Year _____

If you wish to add any restrictions of use regarding photos, video, or audio, please do so here:
