



AUTHORIZATION TO USE AND REPRODUCE VISUAL OR SOUND RECORDINGS (including photographs, audio and video recordings)

PLEASE NOTE: This form must be attached to, or kept with, the recording AND retained/disposed of in accordance with approved record retention and disposal schedules of the University of Lethbridge

I hereby grant or do not grant to the University of Lethbridge, including its employees, agents, assigns or other third parties 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 my image and my voice
- Use photographs and/or audio visual recordings of myself taken by a third party.

I authorize the University of Lethbridge:

To use the designated photographs, videotapes and/or audiotapes:

<i>Name of Event & Venue:</i> Brass Day, University of Lethbridge - Centre for the Arts (Recital Hall and UCA classrooms)	
<i>List/describe photos, audiotapes and videotapes:</i> Photos/video during performances and workshops.	
<i>To be taken or taken on</i>	<i>Date:</i> January 12, 2019
<i>Or on or about the period</i>	<i>From Start Date:</i> ___ <i>to End Date:</i> _____

For the purpose of:

<i>State specific purpose/s. Examples:</i>
• <i>Educational purposes (such as in-class use), Marketing and Promotional purposes (such as advertisement for science camps, promotion of new programs offered by [Faculty...])</i>
Marketing and Promotional purposed (to promote success of Brass Day event and highlight the activities during the event to potential attendees)

Distributed by/through:

<i>State the specific methods materials will be disclosed. For example: University website, social media (Facebook, Twitter), publications (newspapers, magazines, brochures)</i>
University website, Social Media (Facebook, Instagram), FFA Event and Program brochures, local media newspapers.

Duration of permission:

<i>Start Date</i> _____ <i>to End Date</i> _____
or Three years from date of signing or <input type="checkbox"/> (put check mark here) No end date

Full Name (please print): _____

Signature: _____ Date: _____
(or signature of parent/guardian here if signing for minor child)

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 [state specific uses for which the information is collected]. Direct any questions about this collection to the FOIP Coordinator, 4401 University Drive West, Lethbridge, AB, T1K 3M4, 403-332-4620; foip@uleth.ca.