Consent to the Release of Photos and Recordings

Please return your signed waiver to the UVic School of Music: P.O. Box 1700 STN CSC Victoria, BC V8W 2Y2 Canada

Email: concert@uvic.ca Fax: 250-721-6597

I, __________________________, am a Student at the University of Victoria. For good and valuable consideration, the receipt and adequacy of which is acknowledged:

1. I hereby grant to the University of Victoria (“UVic”) and the University of Victoria Student Radio Society - CFUV 101.9 FM (“CFUV”) the right and license to record (audio and video), broadcast, and reproduce my performances at UVic School of Music events (“Events”), make duplicate copies of such recordings, and the right to use my name in connection with the events for educational, promotional or other university purposes. I understand that some Events may be broadcast live to the radio and the Internet (including webcasts and podcasts by CFUV). The broadcast will be audio only and available as a podcast from CFUV for a maximum of 30 days following the date of the Event.

2. I hereby grant to UVic the perpetual right and license to maintain in its library collection and use as it may desire recordings of my performances at Events, make duplicate copies of such recordings, and to use my name in connection with maintenance and use of recordings in UVic’s library collection and the School of Music Online Archives. I hereby waive in favour of UVic and CFUV all my moral rights established under the Copyright Act, as amended from time to time, in the recording, reproduction and broadcast of my performances at Events.

3. I agree that I will not assert or maintain against UVic, CFUV, or their successors or assigns, any claim, action, suit or demand of any kind or nature whatsoever arising from the recording, broadcast or reproduction of my performances at UVic.

4. I authorize units of the University of Victoria to reproduce photos taken of me with regards to UVic events or activities in print or electronic media for educational, promotional or other university purposes. I understand that UVic units will contact me and obtain permission before agreeing to allow non-UVic publishers to reproduce any of these photographs with the exception of journalistic media.

I declare that I have read the above, fully understand its meaning and agree to be bound by it.

(If Student is under 19 years of age, the Student’s guardian must sign on the Student’s behalf)

Signed: __________________________ Date: ______________
(Student or Guardian)

Name (print): __________________________

Contact information (mail, phone or email): __________________________

Witness Signature: __________________________ Print Witness Name: __________________________
(Witness to be 19 or older)

Respecting your privacy
The University of Victoria is committed to respecting your privacy and will abide by the restrictions indicated above in using your recordings, photographs and accompanying personal information. The personal contact information you provide above will not be published without your permission. It may be used to contact you to discuss matters pertaining to the use and reproduction of your recordings/photos and it may be shared with UVic employees for this purpose. Any personal information you provide is managed according to the British Columbia Freedom of Information and Protection of Privacy Act (FOIPPA). If you have questions regarding FOIPPA, please contact the Office of the University Secretary (250) 721-8100, which coordinates all formal FOI requests for the University.

March 2014