

## TRU Media Consent Form

Please Print Clearly

Name: \_\_\_\_\_

Hometown: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Career Goal: \_\_\_\_\_

Email: \_\_\_\_\_

High School Attended: \_\_\_\_\_

I consent to the use and/or reproduction of all photographs taken of, or including me, and/or information gathered about or including me, by Thompson Rivers University (TRU) or by any nominee of TRU (including any agency, client, publication or other organization or institution) in whole or in part, in all forms and media, for distribution to the general public for the purposes of publicity and promotion of TRU.

I further consent to the reproduction or use of the photographs/ information with or without my name, and consent that TRU may seek copyright of the photographs/information in their name. In giving this consent, I release TRU and its nominees from liability for any violation of any personal or proprietary right I have in connection with any sale, reproduction or use of the photographs. I certify that I am 19 years of age or older.

Event / Client \_\_\_\_\_

Photographer / Assistant \_\_\_\_\_

Description of Model \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Guardian (if model is 18 years and younger)

Date

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