

PARENT/GUARDIAN IMAGE CONSENT FORM

Queen's University at Kingston



PLEASE READ CAREFULLY

I hereby grant permission to Queen's University at Kingston ("Queen's") and its representatives to photograph and video my child, and otherwise capture my child's image, and to make recordings of my child's voice at the event or location noted below:

Event/Location: _____ Date: _____

I further grant to Queen's and its representatives the right to reproduce, use, exhibit, display, broadcast distribute and create derivative works of these images and recordings in any media now known or later developed, including but not limited to print, broadcast, electronic, digital and social media, for promoting, publicizing or explaining Queen's or its activities and for administrative, educational or research purposes. I acknowledge that Queen's owns all rights.

Queen's may use my child's name with these images and recordings: Yes No

Name (printed): _____

Signature: _____ Date: _____

Email: _____ Phone: _____

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