



## PHOTOGRAPHY / VIDEO / TESTIMONIAL CONSENT and RELEASE FORM

I, \_\_\_\_\_, being over the legal age of 18 years, for and in consideration of use of my person, and without receipt of payment or other consideration, agree that the visual images (photographic and/or video), audio recordings, or text testimonials that have been made by me become the property of the Southern Alberta Institute of Technology ("SAIT") and is subject to [SAIT procedure AD.4.7.2 Filming](#). I hereby give SAIT, their legal representatives and assigns, those for whom SAIT is acting and those acting with SAIT's permission, or their employees, the absolute and irrevocable right and permissions to use said photographic or video images, audio recordings and/or text testimonials. This includes, but is not limited to:

- Copyrighting the images, audio recordings or text testimonials in SAIT's name or in any other name it may choose;
- Reproducing and distributing the images, audio recordings or text testimonials in whole or in part, individually or in conjunction with other replications, in any print or digital medium and for any purpose whatsoever. These purposes include, but are not limited to, promotion, advertising, learning materials, broadcasting and posting on the Internet/World Wide Web; and
- Using my name in conjunction with the images, audio recordings and/or text testimonials, if SAIT so chooses.

I hereby release, discharge and agree to save harmless SAIT, their representatives, assigns, employees or any person or persons, corporation or corporations, acting under their permission or authority, or any person, persons, corporation or corporations, for whom they might be acting, including any firm publishing and/or distributing any of the photographic, video, audio or text materials of or made by me, in whole or in part, from and against any demands, claims or liabilities as a result of the use of said photographic, video, audio or text materials.

I have read the foregoing consent and release, before affixing my signature below, and warrant that I fully understand the contents thereof and all questions pertaining to this consent and release have been answered to my satisfaction.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF INDIVIDUAL

\_\_\_\_\_  
SIGNATURE

### Collection Notice

The personal information collected through Video Testimonial Consent and Release is for the release of video footage for internal and external use. This collection is authorized by section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, contact SAIT's Access and Privacy Advisor at [access.privacy@sait.ca](mailto:access.privacy@sait.ca) or by phone at 403.389.2707.