**FACULTY OF EDUCATION**

**PHOTO/VIDEO RELEASE FORM**

**Please Read Carefully**

Dear Parent/Guardian,

I am currently enrolled in an online course at Queen’s University Faculty of Education. As part of this course I am required to take photos and/or videos of my teaching activities. As such, your child’s name, voice or image may be present.

Although the intent is to share these images with the other candidates in the course and the instructor, these images may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media, World Wide Web.

By signing the consent form below, you are granting to Queen’s University at Kingston (the “University”) the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed or video graphed images taken of your child, for use in connection with the activities of the University for teaching, promoting, publicizing or explaining the University or its activities.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature Principal’s Signature

(Insert Teacher Name)

(Insert School Name)

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PERSONAL CONSENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to the use of my image in Queen’s University courses, publications and/or promotional materials.

Signature:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN CONSENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby consent to the use of an image of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in Queen’s University courses, publications, and promotional materials.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_