

## Authorizaton to Reproduce Physical Likeness/ Voice and Disclose Identity

### **PART 1: REPRODUCTION RIGHTS**

I (print name) \_\_\_\_\_ **HEREBY GRANT TO THE UNIVERSITY OF ALBERTA**, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to photograph me (or my child) \_\_\_\_\_ (child's name), make recordings of my/his/her voice , and make combined audio-visual recordings of me/my child and my/his/her voice.

I consent to the taking of images or recordings within the gym and other Steadward Centre activities (i.e. group programming, social events, summer camps and one on one sessions) by the Steadward Centre for Personal & Physical Achievement for use by the Steadward Centre for any of the following purposes: research studies, learning materials, newsletters, reporting, marketing/promotional materials, various social media platforms or website design. I hereby assign and transfer to The Steadward Centre all rights to these images, audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of The Steadward Centre, worldwide, for two years from the date signed.

I have read this form and **I DO NOT CONSENT** to the use of images or recordings taken by the Steadward Centre for Personal & Physical Achievement.

### **PART 2: CONSENT TO DISCLOSE IDENTITY**

I (print name) \_\_\_\_\_ **CONSENT** to the disclosure of the following personal information that may be included with the resources listed above: full name, details of disability, age and gender of myself (or my child).

I have read this form and **I DO NOT CONSENT** to the disclosure of my (or my child's) identity in occurrence with any images or recordings taken by the Steadward Centre for Personal & Physical Achievement.

**Consent is voluntary and may be revoked at anytime. This consent is valid for period of two years and is effective from the date it is signed.**

\_\_\_\_\_  
Signature of Participant or parent/guardian  
(parent/guardian required if under age 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Protection of Privacy** - The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of managing the Authorization of the Disclosure of Personal Information process. Questions concerning the collection, use and disposal of this information should be directed to: *The Steadward Centre for Personal & Physical Achievement Reception 1-670 Van Vliet Complex, Edmonton, AB T6G 2H9 (780) 492-3182*