



Office of Graduate Studies

Graduate Photography Competition Photo Release Form

Last Name:
Email:

First Name:
Phone Number:

This form should be submitted by the contestant at the time of photo contest entry.

I hereby consent to the University of Guelph's use of photographs taken:

by (name of photographer)

at (location)

on (date)

I am:

- ☐ the subject of the photographer.
- ☐ the parent of the child subject (under age of 18 years).
- ☐ the supervisor of a restricted location.

I agree that these photographs may be submitted to the University of Guelph as part of the contest, Graduate Photography Competition. All intellectual property rights including copyright for the photographs will be owned by the University of Guelph for use in any medium in perpetuity.

I understand that signing this release does not guarantee publication of the photographs. I understand and agree that there will be no compensation or remuneration paid to me (or my child, if applicable) for the use of the photographs.

Signature:

Date:

Protection of Privacy: We are committed to protecting your privacy. Personal information is collected under the authority of the University of Guelph Act and pursuant to the *Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have questions about the use and disclosure of your personal information, call the [Office of Graduate Studies](#) at (519) 824-4120 ext. 56833. You can also find more information about access to information and protection of privacy at the University of Guelph from the [University Secretariat](#).