



AUDIO VISUAL RECORDING CONSENT FORM, WAIVER AND RELEASE

For good and valuable consideration, and in exchange for my receipt of the payment of NIL, I, the undersigned, for myself, and on behalf of any other individuals (including minors) for whom I have legal capacity to consent (collectively hereinafter, the “**Undersigned**”), hereby agree as follows:

- 1. Consent to Photography, Filming and Recording:** I irrevocably authorize and provide consent to The University of Manitoba, and its employees, agents, representatives, subcontractors and affiliates, including the Health Sciences Centre, the Winnipeg Regional Health Authority and Shared Health Manitoba, and all of their successors and assigns, (collectively hereinafter, the “**University**”) to photograph and/or film and/or audio record the Undersigned during the Undersigned’s voluntary participation in University endorsed events and activities including, without limitation, health sciences education and community engagement (“**Activities**”). Any prior photographing, filming, and/or audio recording of the Undersigned by the University during the Undersigned’s voluntary participation in Activities is incorporated within this Consent Form, Waiver and Release.
- 2. Consent to Use:** I authorize the University to use, including reproduction, exhibition, distribution, licensing, posting on social media, etc. (“**Use**”) any photographs, images, or recordings taken by the University of the Undersigned under authority of this Consent Form, Waiver and Release, including without limitation, the Undersigned’s name and/or likeness and/or voice (collectively hereinafter, the “**Photos and Recordings**”), in educational courses and related activities, as well as in pamphlets, brochures or other materials promoting educational programs and related activities, such as multimedia productions, displays, advertisements or internet publications (“**Publications**”). I acknowledge that such Use may be subject to internal policies that address specific Uses. For example, while the University’s Clinical Learning and Simulation Facility (“**CLSF**”) relies on Photos and Recordings for educational purposes, it does not publicize Photos and Recordings if the integrity or confidentiality of an immersive learning experience would be compromised.
- 3. Release of Claims:** I release and forever discharge the University from and against any and all claims and demands arising out of, or in connection with, its Use of Photos and Recordings of the Undersigned.
- 4. Waiver:** I further waive all copyright interest, including moral rights, and any rights to claim royalties, or other form of compensation or interest arising from the University’s Use of the Photos and Recordings.
- 5. Declaration:** I declare, as the Undersigned, that I am of the full age of majority (i.e., at least 18 years of age), I have legal capacity and authority to consent to matters herein on my own behalf and on behalf of any other individuals listed below, and that I have read and I understand the contents of this form as a legally binding document.

Name of Adult Individual Signing this document (Please Print):

Signature:

Name of any other individuals, including minor children, for whom the above named consents and has capacity to consent (please print):

Date:

Email address:

Phone: