

PHOTO RELEASE & WAIVER AGREEMENT

Personal Information	
Name: ("I" or "me")	
Preferred Pronouns (he/she/they):	
Phone Number: Em	ail Address:
This Photo Release & Waiver Agreement (the " Agreement ") is made effe	ective as of, 202 as between myself and KPU.
For good and valuable consideration herein acknowledged as received, I understand that KPU may wish to use my image in photography or videos, including my testimonials, whether written or in video form (collectively, "My Image") and/or my original creative projects (collectively "My Work") in any materials, on social media, print and online advertisements, billboards, websites or elsewhere, for the purposes of administering, facilitating and promoting KPU.	
Accordingly, I agree as follows:	
1. Personal Information KPU collects, uses, stores and discloses personal information in complian Privacy Act ("FIPPA"). Section 26(c) of FIPPA together with the consent prinformation for this purpose.	
Further to the above, I hereby give my consent to KPU to disclose My Image for the purposes of administering, facilitating and promoting KPU. My "Personal Information" refers to my name and contact information. My consent is effective as of the date written above.	
2. Waiver and Release I hereby acknowledge and give KPU, its directors, officers, employees, a and republish My Image in whole or part, individually or in conjunction and will release and forever discharge my right to any and all claims, ac subsidiaries, agencies, agents as well as all of their directors, officers, in connection with such use or sharing.	with other works and otherwise share, My Image without compensation tions, costs, injuries, liabilities or damages against KPU, its affiliates,
I further acknowledge and agree that this Agreement shall be binding on all my heirs and assigns and is irrevocable, worldwide and perpetual.	
3. General This Agreement constitutes the entire agreement between KPU and me with respect to the subject matter of this Agreement. This Agreement shall be governed by and construed in accordance with the laws of the Province of British Columbia. I hereby expressly submit to the exclusive jurisdiction of the courts of British Columbia.	
I am 19 years of age and have read this Agreement and agree to its terms.	For Parents/Guardians of Minors (under 19 years of age): I am the parent/legal guardian of the Signer and have read this Agreement and agree to its terms.
Signature	Parent/Guardian Signature
Name:	Name:
Date:	Date:
Please direct any questions or concerns to the Organizer:	
Name:	Email:
Department:	Phone Number: