



**Authorization to Reproduce Physical Likeness / Voice and Name for Educational, Marketing, and Advertising Purposes – WISEST SET Conference 2023**



Please email completed forms to [wisest.events@ualberta.ca](mailto:wisest.events@ualberta.ca).

\_\_\_\_\_  
**PRINT** - First and Last Name of Student

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Address of Student

\_\_\_\_\_  
Address of Parent or Guardian

\_\_\_\_\_  
Telephone Number of Student

\_\_\_\_\_  
Telephone Number of Parent or Guardian

**REPRODUCTION RIGHTS**

I 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 rights to photograph my child and make combined audio-visual recordings of my child and their voice. I hereby assign and transfer to the University of Alberta all rights to these 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 University of Alberta, worldwide, in perpetuity.

Intended uses:

1. Promotional and advertising purposes, including newsletters, information brochures, PowerPoint presentations, video clips and the WISEST website.
2. Media (including, newspaper, radio, television)

Please check ONE option from each of the following boxes:

**CONSENT FOR PHOTOGRAPHS AND AUDIO-VISUAL RECORDINGS**

**CHECK ONE**

I  DO

I  DO NOT CONSENT

to the use of these photographs and combined audio-visual recordings for educational materials, publications and websites, and other consistent purposes. I **CONSENT** the nonexclusive rights for any of the above to the University of Alberta.

**CONSENT TO DISCLOSE IDENTITY**

**CHECK ONE**

Student's identity

MAY

MAY NOT

be included in the resources listed above as developed and published in print, electronic, or digital format, including any authorized University of Alberta website, such as [www.ualberta.ca](http://www.ualberta.ca). **Consent takes effect when this agreement is signed.**

\_\_\_\_\_  
Signature of Guardian  
(If Participant is Under 18 Years of Age)

\_\_\_\_\_  
Date

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy (FOIPP) Act and will be protected under Part 2 of that Act. It will be used for registration, administrative and assessment purposes for WISEST offered by the Office of the Dean of Students, University of Alberta. For further information, contact the WISEST Office, 1-42 Assiniboia Hall, University of Alberta, Edmonton, AB, T6G 2G1 or phone: (780) 492-1842, e-mail: [wisest@ualberta.ca](mailto:wisest@ualberta.ca).