

## Consent and release for use of personal image and information

The personal information on this form is collected and protected under the authority of the Post-secondary Learning Act of Alberta and the Alberta Freedom of Information and Protection of Privacy (FOIP) Act, for the purpose of managing the authorization for use of personal information process. Questions about this form can be directed to the Bow Valley College copyright officer at [copyright@bowvalleycollege.ca](mailto:copyright@bowvalleycollege.ca).

First Name	Last Name	
Street Address		
City	Province	Postal Code
Phone Number (include area code)		Student ID (if applicable)

**I authorize the following office,  
program or individual:**

International Education department

**To use the following  
(please check all applicable):**

- ☐ Photos
- ☐ Video
- ☐ Audio
- ☐ Other personal information (name, age, testimonial, etc.) Please specify:

**For the purpose of  
(please check all applicable):**

- ☐ Promotional, marketing, and informational purposes
- ☐ Educational purposes
- ☐ Commercial purposes
- ☐ Use on the Bow Valley College website\*
- ☐ Podcast distribution\*
- ☐ Publicly accessible
- ☐ Posted indefinitely
- ☐ Other, please specify:

\*Bow Valley College cannot control or prevent the further distribution or use of these photos, videos, images, or other personal information by those who can access the information.

**I agree to the following:**

- ☐ Bow Valley College may reproduce and recording or photography so made in whole or in part and that the original and any print or electronic copies will become the property of Bow Valley College.
- ☐ The distribution of said recordings or photographs and any copies thereof for educational purposes of Bow Valley College and I understand that there will be no financial or other consideration for the production of same.
- ☐ The use and publication of all or part of said recordings along with the publication of any proceedings of this project in print or electronic form for promotional, marketing, information, educational, and commercial purposes.
- ☐ I do hereby release and discharge Bow Valley College, its employees, agents, or assignees from all claims, demands, and damages, actions of any nature whatsoever, arising or to arise by reason of usage of any of the aforementioned recordings, photographs, or proceedings.

**Date range/expiry for which use is  
authorized (m/d/y)**

There is no expiry date for usage.

Date of Signing	Month	Day	Year
By signing this form, I certify that I have read and fully understand this consent and release and that all questions pertaining to this document have been answered to my satisfaction. I also understand that I am not required to provide this consent should I choose not to do so and that consent may be withdrawn at anytime at my written request.			
X			