MULTIMEDIA RELEASE FORM
QUEEN'S UNIVERSITY AT KINGSTON

This Release Form requests your permission to use your image/audio from multimedia footage recorded by the Arts and Science Online Multimedia Team. The Department of Arts and Science Online has an informed consent policy which means that before agreeing to this release, we want you to understand your rights.

You have the right to:

• Participate in your preferred language and preferred medium of exchange (i.e., on camera, off camera, photos only, audio only, etc.)
• Remain anonymous
• Withdraw your consent at a future date
• Amend your footage at a future date
• Participate in the video edit review process before the film is finalized
• Know how to contact the Multimedia Team for more information or to change the status of your consent
• Understand expressed intent for use as well as unintended uses that may arise
• Understand the risks and benefits of your participation

This contract may also be made orally on camera/audio recording. Should you have any questions about this form, or would prefer to receive this form in an alternate format, please contact the Arts and Science Online Multimedia Team at asomm@queensu.ca.

Please check all that apply:

☐ I consent for my images/audio to be used:
  ☐ With restricted access (limited to Queen’s University students, staff, and faculty) by

DEPARTMENT/PROGRAM/COURSE NAME

and related program/course site(s) within the University Learning Management System

☐ With public access on the Queen’s University DEPARTMENT/PROGRAM/COURSE NAME website

☐ With public access on the Queen’s University website

☐ With public access on Queen’s University social networking sites like Facebook, Twitter, Instagram, YouTube, Vimeo, etc.

(PLEASE COMPLETE THE REVERSE SIDE)
Pertaining to your rights outlined in this agreement, please make any additional requests known here:

☐ I wish to remain anonymous
☐ I wish to participate in the edit review process
☐ I wish to receive a copy of the final multimedia product
☐ Other: ____________________________________________________________

PARTICIPANT SIGNATURE
Participant Preferred Name: ____________________________________________

Additional Participant Name(s): _________________________________________

Title by which the Participant would like to be recognized: ____________________

Phone Number: ______________ Email Address: ____________________________

Participant prefers to be contacted by: ☐ Phone ☐ Email

Participant Signature: __________________________ Date of Agreement: __________

DD/MM/YYYY

Pronoun: ☐ She/her ☐ He/Him ☐ They/Them ☐ Other: ______________________

PROXY/GUARDIAN SIGNATURE
If signed by proxy, guardian, or other designated person as requested by the Participant or required for legal purposes (i.e., on behalf of a minor or person who cannot consent as defined by law):

Proxy/Guardian Name(s): ______________________________________________

Relationship to Participant: ____________________________________________

Proxy/Guardian Signature: __________________________ Date of Agreement: __________

DD/MM/YYYY

MULTIMEDIA SIGNATURE
Signature of filmmaker or member of the Arts and Science Online Multimedia Team:

Multimedia Name(s): __________________________________________________

Multimedia Signature: __________________________ Date of Agreement: __________

DD/MM/YYYY

MULTIMEDIA RELEASE
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