

“Think. Shoot. Change” Video Competition Form

STUDENT INFORMATION

Student Name:	
Applicant Number:	
Email:	

Title of the video:

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Note to video contestant: include here your MEnvSc applicant number: _____

DISCLAIMER

UTSC and the Governing Council of the University of Toronto is not responsible or liable for any claims related to the video entry, such as those related to infringement of intellectual property rights, public dissemination of the video and invasion of privacy, libel or slander. By participating in the contest, you agree to release and discharge UTSC, the Governing Council of the University of Toronto, its directors, officers, employees, sponsors, prize suppliers and their agents from all actions, claims and demands arising out of your participation in the contest, the awarding of the prize or the use of any personal information.

Date:	Signature:
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QUESTIONS?

For further information, please check our [FAQ section online](#) or email us at [GSHV PHQYVF SURJUDP XWVF#XWRURQWR FD](mailto:GSHV_PHQYVF_SURJUDP_XWVF#XWRURQWR_FD)

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Submission Agreement Form
Photo/Video Release Authorization

I, the undersigned, give permission to the _____
(Name of Student submitting video, hereinafter the "Student") and the University of Toronto, to photograph/video me (or my child if applicable) and use such photograph(s)/video(s) in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

I further consent to the use of my name (or child's name if applicable) in connection with the photograph(s)/video(s) if needed by the Student and the University of Toronto.

I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release the Student and the University of Toronto from any such claims.

I certify that I have read and fully understand this consent and release, and that all questions pertaining to this consent have been answered to my satisfaction.

Signature of Subject: _____

Print Name: _____ Date: _____

IF FOR CHILD COMPLETE THE BELOW:

I, (print name) _____, parent or official guardian of (child's name) _____, hereby grant permission to Student and the University of Toronto to use images of my child in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use.

Signature of Parent/Guardian: _____ Date: _____

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