

**Authorization to Reproduce Physical Likeness / Voice and Name
For Educational and Research Purposes**

1. While a student in the MScPT program I will be participating in a class composite and teaching and orientation presentations.

2. **I AUTHORIZE THE GOVERNORS OF THE UNIVERSITY OF ALBERTA, AS REPRESENTED BY THE FACULTY OF REHABILITATION MEDICINE** (“the University”) including its employees, agents, assigns, or such other third party as the University may authorize on its behalf, to
 - Photograph ME;
 - Make recordings of MY VOICE; and
 - Make a video and audio recording of ME and MY VOICEduring my participation in the MScPT program.

3. **I CONSENT** to the collection by the University of any of my personal information, including without limitation health information, that may occur in the course of making the Recordings.

4. **I CONSENT** to the use of the Recordings by the University for educational purposes, in any and all media and forms now known or hereafter devised, including display and distribution of the recordings on the internet, both as obtained and as modified at the University’s sole discretion. These recordings may be disclosed, displayed and distributed to current and future students enrolled in the University’s credit certificate courses, educators, and healthcare professionals.

5. **I UNDERSTAND** that I may revoke the consents given in paragraphs 3 and 4 herein upon 30 days’ written notice, and thereafter the University shall remove the Recordings from the Website, and cease to disclose, display or distribute any further copies of the Recordings to any person. This revocation shall not apply to any acts taken by the University prior to the end of the 30 day notice period.

6. **I HEREBY ASSIGN AND TRANSFER TO THE UNIVERSITY** all rights to the Recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast, translation and use of this material shall be at the sole discretion of the University, worldwide, royalty free, and in perpetuity. I will not receive any compensation for such use.

7. **ON BEHALF OF MYSELF, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND LEGAL REPRESENTATIVES, I HEREBY:**
 - a. waive any and all claims that I have or may have in the future against the University and its board members, officers, employees, and agents (all of whom are hereinafter collectively included in the term “Released Persons”), arising out of my participation in the Presentation; and

 - b. release, indemnify and hold harmless the Released Persons from and against any and all liability, damages, loss, injury (including death), cost, expense, cause of action, lawsuit or other proceeding, and claims of any nature whatsoever that I may suffer or incur arising out of my participation in the Presentation, whether caused by the negligence or breach of any contractual, statutory or other duty of care by the Released Persons, or any act or omission of the Released Persons, or otherwise.

I understand that by signing this document, I am giving up my legal right to sue to recover damages for claims I might have.

Signature of MScPT Student

Name Printed Clearly and Date

Signature of Witness

Name Printed Clearly and Date

Protection of Privacy – The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of managing the Authorization of the Disclosure of Personal Information process. Questions concerning the collection, use and disposal of this information should be directed to: Deborah Palmer Deborah.palmer@ualberta.ca

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules.