

**PHOTO(S) RELEASE AND
 TESTIMONIAL FORM
 (ADULTS - 19 years and Older)**

MUST BE COMPLETED	Date: _____	Location: _____
	Project: _____	Department: _____

Authorization to Use and Reproduce Testimonial and Photographic Imagery

By signing this document, I consent to the use of my testimonial and my physical likeness in photographic, video or electronic reproduction form in any materials, and on websites, produced by the Marketing and Communications Department or other departments of Kwantlen Polytechnic University. I release Kwantlen Polytechnic University, its agents, staff and the photographer from liability for any violation of any personal or proprietary right in connection with such use. I waive all rights to royalties or other compensation arising from, or related to, the use of the photograph and/or testimonial.

I understand that these testimonials and reproductions may be used in the production of materials used to promote Kwantlen Polytechnic University programs, services, events or the University in general, in perpetuity. At any time, you may revoke this permission by contacting Kwantlen’s Marketing and Communications Department. This revocation stops all future use of photos, videos and testimonials.

I also understand that the choice of which reproduction is to be used, if any, is at the discretion of the Marketing and Communications Department or other departments of Kwantlen Polytechnic University, and that the decision would be based on artistic merit, specific design needs, technical requirements, and marketing and communication strategies.

I also understand that I do not have copyrights to any photographs, video or electronic reproductions made by Kwantlen Polytechnic University.

Please send all SIGNED waiver forms to the Marketing and Communications Department, Surrey Campus, by fax at 604-599-2064 or intercampus mail

I am 19 years of age or older, and I acknowledge that I have read, understood, and accept the terms of this release.

Name (Print):	Tel #:	Program:	Signature:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Please note: Complete testimonials, as required, on accompanying page.

Testimonials (#'s correspond with #'s on front page):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Office Use:
Please code each person so our department is able to determine which name / testimonial belongs to which picture, i.e. put picture # on roll beside each person's name.

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Surrey Campus, by fax at 604-599-2064 or intercampus mail**