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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)**

<input checked="" type="checkbox"/> photos <input checked="" type="checkbox"/> video <input checked="" type="checkbox"/> audio <input checked="" type="checkbox"/> other personal information (name, age, testimonial, etc.) please specify:
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**For the purpose of
(please check all applicable)**

<input checked="" type="checkbox"/> promotional, marketing, and informational purposes <input checked="" type="checkbox"/> educational purposes <input checked="" type="checkbox"/> commercial purposes <input checked="" type="checkbox"/> use on the Bow Valley College website* <input checked="" type="checkbox"/> podcast distribution* <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> publicly accessible <input checked="" type="checkbox"/> posted indefinitely </div> <input type="checkbox"/> other, please specify: <small>* Bow Valley College cannot control or prevent the further distribution of use of these photos, videos, images or other personal information by those who can access the information.</small>
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I agree to the following,

<input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> the use and publication of all or part of said recordings along with the publication of any proceedings of this projects in print or electronic form for promotional, marketing, information, educational and commercial purposes. <input checked="" type="checkbox"/> I do hereby release and discharge Bow Valley College, its employees, agents or assignees from all claims, demands, 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
<p>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.</p> <p>X</p>			

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