

## **Department of Institutional Advancement Photograph and Video Release Form**

I hereby give consent to the University of Pretoria, through its Department of Institutional Advancement (DIA), to the voluntary use of my image, likeness and/or sound of my voice as recorded in any photograph, photographic image and/ or video, in University publications, including but not limited to training materials, teaching and learning materials, websites, social media, newsletters, pamphlets and marketing materials.

I hereby grant to the University of Pretoria the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish or re-publish the photograph, photographic image or video recording taken of me or in which I may be included, as described herein before, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, or reproductions thereof in colour or otherwise, in conjunction with my own or a fictitious name, made through any medium at the DIA's studios or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, or any other purpose whatsoever. Additionally, I waive any right to royalties or other compensation arising from or related to the use of my image, likeness and/or sound of my voice as recorded in any photograph, photographic image and/or video.

The DIA may sell, assign, license or otherwise transfer all rights granted to it hereunder. This authorization shall also inure to the benefit of the legal representatives, licensees and assigns of the DIA.

I hereby agree to release, defend and hold harmless the University of Pretoria, its legal representatives, licensees and assigns and all third parties or persons acting under its permission or authority, from and against any claims, damages or liability arising from or related to the use of my image, likeness and/or sound of my voice as recorded in any photograph, photographic image and/or video, or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication or distribution thereof.

### **Withdrawal of Consent**

I understand I may withdraw consent at any time, although it may not be possible to remove images or videos from certain types of publications, for instance pamphlets or newsletters that has already been distributed. I cannot withdraw consent retroactively. This means that the University is authorised to use my image or recording as indicated above until consent is withdrawn.

### **Privacy statement: Photograph and video release**

The University will use images or recordings taken of you at this specific event as described. We will not use your information for purposes not mentioned here.

If you are younger than 18 years, you must have your parent or guardian's permission to be photographed or filmed.

The original photographs and videos will only be accessible to our employees and third parties that process information on behalf of the University.

Published photos are available to anyone who has access to the websites, social media platforms or printed materials in which the photos or videos feature.

Our [privacy notices](#) provide more detail on how the University uses personal information. You can access our privacy notices at <https://www.up.ac.za/iGaPP-programme/article/2820008/privacy-notice>

If you have any questions about this privacy statement, please email us at [igapp@up.ac.za](mailto:igapp@up.ac.za)

**A. Consent / permission by Individual Photographed / Recorded**

I am 18 (eighteen) years of age or older and am competent to contract in my own name. I have read this document before signing below and fully understand the contents, meaning and impact of this release form.

Name:

Email address:

Telephone number:

Signature:

**B. Consent / permission by Parent/ Guardian if the individual photographed / recorded is under eighteen (18) years old**

I have read and I understand this document. I understand and agree that it is binding on me. I acknowledge that I am eighteen (18) years or older and that I am the parent or guardian of the child named above.

Name:

Email address:

Telephone number:

Signature:

**C. Description of event / production / recording**

Date:

Details:

**D. Department details & Module code**

Department name:

Module code:

Contact person:

Email address:

Telephone number:

Signature:

**E. Details of Service Provider (Photographer, Production Company etc)**

Name:

Contact person:

Email address:

Telephone number:

Description of service:

Signature: