UNIVERSITY OF ALBERTA

MULTI MEDIA CONSENT – SCHOOL OF DENTISTRY

Authorization to Reproduce Physical Likeness / Voice and or Name / Student Work for Educational, Marketing and Advertising Purposes

(Where practicable attach a copy of the visual / sound recordings approved by this authorization.)

PRINT – First and Last name of Individual	Parent/Guardian (If individual under 18 years of age)
Address of Individual	Address of Parent or Guardian
Telephone Number of Individual	Telephone Number of Parent or Guardian

REPRODUCTION RIGHTS

I HEREBY GRANT TO THE UNIVERSITY OF ALBERTA, including its employees, agents, assigns, or other third party as the University may authorize on its behalf, the nonexclusive right to

- Photograph ME ☐
- Make recordings of MY VOICE ☐
- Make combined audio-visual recordings of ME and MY VOICE ☐
- Photograph and make recordings of MY (specify) ☐
- Student work (specify type) ☐
- Testimonial ☐

I CONSENT TO THE USE OF THESE RECORDINGS BY THE UNIVERSITY OF ALBERTA for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to the University of Alberta all rights to these audio and visual recordings and all benefits and advantages to be derived there from. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of the University of Alberta, worldwide, in perpetuity or for the dates specified –

DATE(s)_____

Intended uses:

1. Promotional Images of the Pathways to Dentistry – Day of Dentistry
2. Educational Images of the Pathways to Dentistry – Day of Dentistry

UNIVERSITY OF ALBERTA

DENTISTRY

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CONSENT TO DISCLOSE IDENTITY

Individual's identity, as indicated below, ☐ **MAY** ☐ **MAY NOT** be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized University of Alberta website, such as www.ualberta.ca. **Consent takes effect when this agreement is signed.**

Protection of Privacy - All personal information provided is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act ("FOIP Act") as well as Section 20(b) of the Health Information Act ("HIA") and will be protected under part 2 of the FOIP Act and part 6 of the HIA. The information collected will be used for the purposes of providing dental care and clinic administration. Please direct any questions about this collection to:

School of Dentistry, Risk & Privacy Unit
5-470 Edmonton Clinic Health Academy (ECHA)
11405 - 87 Avenue NW
Edmonton, AB T6G 1C9
(780) 492-6638
dentrpu@ualberta.ca

☐ **FIRST AND LAST NAME** ☐ **FIRST NAME ONLY**

Signature of Individual (if over age 18)	Date
Signature of Guardian (if individual under 18 years of Age)	Date

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to the office seeking consent.