



STUDENT Participation, Photograph & Video Release Form – NO STUDENT PHOTO ALLOWED

I grant permission to participate in the **Dancing Backwards Program** and the rights to my **Dancing Backwards** project, and sound of my voice as recorded on audio or videotape without payment to be included in the **Her Story Archive** at **Dancingbackwards.ca**. I understand that a segment of my project may be used in diverse educational settings in Canada, as described below, and that it may be copied, exhibited, published or distributed in these same settings. If requested, I have the right to inspect the finished project product where my work appears.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational promotional presentations
- On-line educational presentations, courses and programs (whole and in part)
- Educational videos

By signing this release I understand this permission signifies that the project made by me may be electronically displayed on **dancingbackwards.ca** or in the public educational setting in perpetuity.

This release applies to **Dancing Backwards** project photographic, audio or video recordings as part of my participation in the **Dancing Backwards Program**.

By signing this form I acknowledge that I have read and fully understand the above release and agree to be bound its terms. I release any claims against any person or organization using this material for educational purposes.

School Name: _____ Teacher: _____ Grade: _____

School Street Address/P.O. Box: _____

City: _____ Province/Territory: _____ Postal Code: _____

Phone with Area Code: _____ Email Address: _____

THE SIGNATURE OF THE STUDENT'S PARENT OR LEGAL GUARDIAN IS REQUIRED.

Student Name: _____ Parent Name: _____

Parent Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Phone with Area Code: _____ Email Address: _____

Signature: _____ Date: _____