



## STUDENT Participation, Photograph & Video Release Form

I grant permission to participate in the **Dancing Backwards Program** and the rights to my **Dancing Backwards** project, my image, my likeness and sound of my voice as recorded on audio or videotape without payment to the **Her Story Archive** at **Dancingbackwards.ca**. I understand that a segment of my project and image 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 wherein my likeness/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, or of me, may be electronically displayed on **dancingbackwards.ca** or in the public educational setting, in perpetuity.

This release applies to the **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 by its terms. I release any claims against any person or organization utilizing 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: \_\_\_\_\_