

## Photo/Video Release Form

I, \_\_\_\_\_ (name of the participant), hereby authorize McMaster University and the CIHR Canadian National Brain Bee (CCNBB) to take my photograph and/or video re-cording during the **2017 CIHR Canadian National Brain Bee Event at McMaster University in May, 2017**, and grant McMaster University and the CCNBB competition all rights to these sounds, still or moving images in any medium for educational, promotional, marketing, advertising, or other such purposes that support the mission of McMaster University and the mission of the CCNBB.

I understand and acknowledge the recordings may or may not be used in whole or in part, composite or retouched in character or form, in colour or otherwise, made through any media.

I understand that I do not own the copyright of the recordings and agree that all prints, negatives, positives and recordings belong to McMaster University.

I was not paid to appear in the photograph or video recording and will not receive any fees for the use of this photograph or recording in the future.

Signature of Brain Bee Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

If the participant is under 18 years of age:

\_\_\_\_\_  
Name of Parent or Guardian (Print) Signature of Parent or Guardian

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Witness: \_\_\_\_\_

Please complete, sign & bring this form to the event.

<http://brainbee.ca>