

# PARALYMPIC SPORTS PHOTO RELEASE

## Authorization to Reproduce Physical Likeness / Voice and Name For Reporting, Promotional Materials and Publicity Purposes

PRINT - First and Last Name

Parent / Guardian (If Under 18 Years of Age)

Address,

Address of Parent or Guardian

Telephone Number of Participant

Telephone Number of Parent or Guardian

### REPRODUCTION RIGHTS

**I HEREBY GRANT** THE PARALYMPIC SPORTS ASSOCIATION (PSA), including its employees, agents, assigns, or other third party as the Paralympic Sports Association 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

**I CONSENT** TO THE USE OF THESE RECORDINGS BY THE PARALYMPIC SPORTS ASSOCIATION for educational materials, publications and websites and other consistent purposes. I hereby assign and transfer to The Paralympic Sports Association 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 Paralympic Sports Association, worldwide, in perpetuity. Intended uses:

Reporting ☐ Promotional ☐ Materials ☐ Website ☐ Learning Materials ☐

### CONSENT TO DISCLOSE IDENTITY

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 Paralympic Sports Association website, such as [www.parasports.net](http://www.parasports.net).

**Consent takes effect when this agreement is signed.**

☐ FIRST AND LAST NAME

☐ FIRST NAME ONLY

☐ INFORMATION ON DISABILITY

Signature of Participant (If Over Age 18)

Date

Signature of Guardian (If Participant is under 18 Years of Age)

Date

Signature of Witness

Date

**Protection of Privacy** - The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy Act, for the purpose of managing the Authorization of the Disclosure of Personal Information process. Questions concerning the collection, use and disposal of this information should be directed to: *Paralympic Sports Association: (780) 439-8687* **This form will be placed on file in the coordinating office and retained in accordance with Approved records retention schedules.**