

2024-2025 NeuroSci 101

Photo/Video Release Form

I, _____ (name of the participant), hereby authorize the University of Toronto to take my photograph and/or video recording during **2024-2025 NeuroSci101 at the University of Toronto from October 2024 to March 2025**, and grant the University of Toronto and the Collaborative Program in Neuroscience 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 the University of Toronto and the Collaborative Program in Neuroscience.

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 the University of Toronto and the Collaborative Program in Neuroscience.

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 NeuroSci101 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: _____