## **Model Release Form**



Film/photography primary use:	Name of photographer:
Film/photography date of first publication:	University of Auckland contact person:
The following fields are mandatory	
Date:	Preferred name:
First name:	Last name:
Date of birth:	Company name (if applicable):
Email:	Mobile:
Film/photography primary use	
What are you wearing in the film/photo (to help identify you i	in post-production):
Current programme of study:	
Please tick:	I agree to the following:
☐ I agree that the University may record, use, re-use, publish, republish and communicate my likeness and where relevant my performance by means of audio, video, film, photograph or other such format as may now or in the future exist or be discovered (the material) for the purpose of promoting the University or any of the University's activities in:	Copyright in all the resulting images and other material incorporating my likeness (the material) is the property of the University of Auckland. This applies to any material used in any media to promote the University of Auckland. Such media may include but is not limited to website, print, cinema, video, social media or any other media or medium yet to be developed or discovered.
Printed materials such as prospectuses, handbooks, newsletters, flyers, and posters; I also agree to the use of my likeness on University of Auckland websites  Public advertising such as adshels, billboards, and University or non-University commercial vehicles  Social media such as posts on Facebook, Instagram, Snapchat, YouTube, and Twitter	I waive any right to inspect or approve the finished material which includes my likeness, and I understand that the University of Auckland is under no obligation to provide electronic copies of the resulting images and other material. I waive any right to royalties or other compensation arising from or related to the use of this material.  I can withdraw my consent at any time, however I understand that any publishe
	material will not be retroactively recalled if I choose to withdraw my consent.
I grant the permissions above for a period of:	I certify that I am either of legal age, or possess full legal capacity to execute the following release. I have read this release before signing below and I fully
<ul><li>4 years form the date of first publication</li><li>5 years from the date of first publication</li></ul>	understand the contents, meaning and impact.
☐ 10 years from the date of first publication	
Signed:	
Date:	