



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

PHOTO/VIDEO RELEASE FORM

PLEASE READ CAREFULLY

I hereby grant to the University of Toronto Faculty of Medicine the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of me, taken on this date: _____, for use in connection with the activities of the University or for promoting, publicizing or explaining the University or its activities.

This grant includes, without limitation, the right to publish such images on University of Toronto websites, in our reports and publications and PR/promotional materials, such as marketing admissions publications, advertisements, fund-raising materials, and any other University-related publication.

These images may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, and electronic/online media.

Name (printed): _____

Signature: _____

Date of Agreement: _____