

2018 OTTAWA BRAIN BEE

<http://sfn-ottawa.ca/brain-bee/>

Photo/Video Release Form

I, _____ (name of the participant), hereby authorize Carleton University and the Ottawa Brain Bee to take my photograph and/or video recording during the **Ottawa Brain Bee Event at Carleton University on April 28th, 2018**, and grant Carleton University and the Ottawa Brain Bee 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 Carleton University and the Ottawa Brain Bee.

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 Carleton University and the Ottawa Brain Bee.

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 on April 28th, 2018