

Testimonial and Model Release



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Participant Information

Name (please print): _____ Phone # or Email: _____

My relationship to Mount Royal University is:

- **Student:** _____ Program name _____ Year (s) of study _____
- **Faculty/staff:** _____ Title _____ Year(s) of employment _____
- **Alumni:** _____ Program name _____ Year of graduation _____
- **Employer:** _____ Company Name _____ Job Title _____
- **Other:** _____

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Release

I acknowledge that I have provided MRU with the following (check all that apply):

- Written Testimonial** **Photograph** **Audio / Visual Recording**
(collectively referred to as the "Promotional Materials")

1. I understand that my name, likeness, image, voice and/or appearance will be used in the Promotional Materials.
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I acknowledge by signing below that I have read and understood the contents of this form:

Signature: _____ Date: _____, 20____

Parent/guardian signature if person is under 18 years-of-age [Name]: _____

Signature: _____ Date: _____, 20____

For office use only

Testimonial information:

Mount Royal project lead (name/title):

Testimonial: (please include here or staple to back of form):

When/where the testimonial has been used (date, publication/location):

Photo/video information:

Mount Royal project lead (name/title):

Photographer/videographer:

Event/project name:

Description of photo/video clip:

When/where the photo/video has been used (date, publication/location):
