

## CONSENT, WAIVER, INDEMNITY, AND RELEASE FORM FOR PHOTOGRAPHS, VIDEO, AND AUDIO RECORDINGS

DEPARTMENT OF COMMUNICATION AND MARKETING

I hereby give consent to the University of the Free State (UFS) and its representatives, through the Department Communication and Marketing (DCM), to take photographs or videos of me and to make recordings of my voice at campus events or specified locations.

I further give consent to the University of the Free State and their representatives the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of these images and recordings in **any media now known or later developed**. Media will include, but not limited to, publications, social media, website, training material, marketing material, newsletters and pamphlets.

I acknowledge that the University of the Free State **owns all rights to the images and recordings**, and have the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, and to use, re-use, publish or re-publish the photographs and/or recordings in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, or reproductions thereof in colour or otherwise.

### WAIVER, INDEMNITY, AND RELEASE

I hereby waive any right to inspect or approve the use of the images, or recordings, or of any written copy. I further waive all intellectual property rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, defend, indemnify, and hold harmless the UFS and its representatives, through DCM from and against any claims, damages, or liability arising from or related to the use of the images, recordings, or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion, or use in composite form that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I am 18 years of age or older. And I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning, and impact of this consent, waiver, indemnity, and release. This consent, waiver, indemnity, and release is binding on me, my heirs, executors, administrators and assigns.

### WITHDRAWAL OF CONSENT

I understand I may withdraw consent at any time, although it may not be possible to remove images or videos from certain types of media/platforms, for instance pamphlets, posters, and newsletters that has already been distributed. I cannot withdraw consent retroactively. This means that the university is authorised to use my image or recording as indicated above until consent is withdrawn.

### DETAILS OF SIGNATORY

#### PERMISSION DETAILS

For who are you signing this indemnity form?

- 1) For myself because I am 18 years or older. ☐
- 2) On behalf of a minor, as a parent/guardian. ☐

#### TERMS AND CONDITIONS

I acknowledge that I have read the terms and conditions on page 1 of this document. ☐

#### PERSONAL DETAILS

Full Name and Surname:

ID/Passport Number:

Email Address:

Contact Number:

By ticking this box, I hereby confirm my binding digital signature. ☐

#### DETAILS OF MINOR *(Applicable to person(s) signing on behalf of a minor)*

I have read and I understand this document. I understand and agree that it is binding on me.  
I acknowledge that I am eighteen (18) years or older and that I am the parent or guardian of the  
child named below:

#### DETAILS OF MINOR

Name and Surname:

By ticking this box, I hereby confirm my binding digital signature. ☐

Thank you for allowing the University of the Free State to use audio-visual content provided by  
you. Your contribution is appreciated.

If you have any questions about this Consent, Waiver, Indemnity, and Release Form for  
Photographs, Video, and Audio Recordings, please email us at [DigitalContent@ufs.ac.za](mailto:DigitalContent@ufs.ac.za).

**FOR OFFICE USE**

**DESCRIPTION OF EVENT/ PRODUCTION/ RECORDING**

Date:

Description:

**DEPARTMENT DETAILS**

Department Name:

Contact Person:

Email Address:

Contact Number:

**DETAILS OF SERVICE PROVIDER (PHOTOGRAPHER, PRODUCTION COMPANY ETC.)**

Name:

Contact Person:

Email Address:

Contact Number:

Description of service: