Subject Release Form Shoot Date: / / 2022 Project Title:

Name of Photographer: Name of Model/Subject: Usage Period: 5 years



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In addition, your consent is requested for the use of photographs, video, voice recordings, or written testimonials featuring yourself for the uses outlined below, for a period of five years, up to and including / / 2026. Thereafter it would be used for historical purposes only (use to celebrate DCU anniversaries, historical publications, information on the history of DCU in print or digital format – on the DCU website and use on social media, marketing and public relations).

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I understand that I have no interest in the copyright, nor any moral rights, in the photograph, video, voice recording, or written testimonial. I waive the right to inspect or approve the finished product or copy and any use thereof. I hereby release and discharge the Photographer/Videographer/Sound Recordist and his/her respective representatives, licensees, successors and assigns, specifically from any and all claims, actions and demands arising out of or in connection with the use of said photographs, video, voice recordings, or written testimonials including, without limitation, any and all claims for invasion of privacy and libel, for the 5 years onwards from the signed date.

I understand that I have the right to withdraw this consent at any time and to request access to, and erasure of, my personal data, if I so desire.

I acknowledge that this release document was signed by me willingly and I certify that I am not a minor, and I am free and able of giving such consent.

Signature:

Signature of Parent/Guardian on behalf of Subject:

Date:

Contact number:

Address:

E-mail

ON BEHALF OF DCU

Name:

Date:

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