

Model Release Form



LIVERPOOL HOPE
UNIVERSITY

175 YEARS OF ACADEMIC
EXCELLENCE

PHOTOGRAPHY & VIDEO USAGE RIGHTS: **ARE GRANTED IN FULL** WITH REGARD TO PHOTOGRAPHY AND VIDEO FOOTAGE TAKEN ON:

DATE: _____ LOCATION: _____

I agree to the recording and broadcasting of the contribution given by me, to be used in connection for Liverpool Hope University promotional films, and all related media.

I give you all the permissions you need from me, including the waiver of my moral rights, to copy, exhibit, transmit, and broadcast my contribution including my image without time limit in all countries in world by all means and in all media.

I accept that you may cut and edit my contribution as you wish and use it in the films (including using it to publicise the film and related online and offline projects and related publicity. This editing will be in accordance with current broadcasting regulations in the United Kingdom.

I agree that the Photographer, Film Company and licensees or assignees can use the above-mentioned photographs either separately or together, either wholly or in part, in any way and in any medium together with any such comments or words that I may provide. This can include on the University's website, in promotional materials and in advertising campaigns.

The Photographer, Film Company and licensees or assignees may have unrestricted use of these images for whatever purpose including advertising, with any reasonable retouching or alteration.

I agree that the above-mentioned photographs and any reproductions may be deemed to represent an imaginary person, and further agree that the Photographer or any person authorised by or acting on his behalf may use the above-mentioned photographs or any reproductions of them for any advertising purposes or for the purpose of illustrating any wording whether provided by me or not. No such wording shall be considered to be attributed to me personally unless it is wording or comments that I have provided and my name is used.

I undertake not to institute proceedings, claims or demands against either the Photographer or Film Company and their agents in respect of any usage of the above-mentioned photographs or film footage.

I understand that all data relating to my contribution will be stored in compliance with the GDPR Act guidelines, and that I can withdraw my consent at any time, by requesting to have the media deleted.

I have read this model release form carefully and fully understand its meanings and implications.



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PRINT NAME	SIGNATURE	CONTACT NUMBER OR EMAIL

NB: If you have any concerns, the photographer / filmmaker is Steven Hargraves and you can talk to him direct at any point, or email him on hargras@hope.ac.uk



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