



Authorisation for Use of Film / Digital Recordings Form

I, (*print full name*) _____, irrevocably and unconditionally

(a) consent and grant permission to University College Cork – National University of Ireland, Cork and its successors and assigns and its and their licensees (collectively, “UCC”) to make available to the public, including, but not limited to publication by digital presentation, television broadcasts / rebroadcasts or radio transmissions, news releases, mail outs, brochures or websites, including social media networks, all and/or any part of any film / digital recording of me commissioned by UCC and/or made by it or at its request or direction, and/or any adaptation or editing of any such film / digital recording, and/or any copy of any such film / digital recording or adaptation thereof; and

(b) consent to the archiving of the film / digital recording or adaption thereof by UCC

(c) waive any right to inspect or approve the finished product, or any material in which UCC may eventually use the film / digital recording

(d) waive all right to payment and / or other compensation in connection with any such making available; and

(d) waive all of my rights (if any) under Section 114 of the Copyright and Related Rights Act, 2000, as amended from time to time (and, to the fullest extent permitted by applicable law under all like provisions throughout the world) in connection with any and all such film / digital recording

I understand that, although UCC will endeavour to use the film / digital recording in accordance with standards of good judgment, UCC cannot warrant or guarantee that any further dissemination of the film / digital recording will be subject to UCC supervision or control. Accordingly, I release UCC from any and all liability related to the dissemination of the film / digital recording.

Signature: _____ Date: _____

Name and mailing address of (please print)

Name: _____

Address: _____

E-mail: _____ Phone: _____

Witness: _____ Date: _____

PARENTAL ENDORSEMENT FOR MINOR

I, (*print full name*) _____, being the parent or guardian of the above named minor confirm the permissions and waivers given by that person pursuant to this Release.

Signature of Parent or Guardian: _____ Date: _____

Relationship: _____

Name and mailing address (please print)

Name: _____

Address: _____

E-mail: _____ Phone: _____

Witness: _____ Date: _____

For further information please contact:

The Office of Media and Communications, East Wing, University College Cork

Email address: marketing@ucc.ie, telephone number: 021 4902812.