

**KAIMOSI FRIENDS UNIVERSITY (KAFU)**

**Office of the Registrar, Academic Affairs**

CONSENT FORM

I…………………………………………of staff/admission number…………………………….

Hereby give consent to KAIMOSI FRIENDS UNIVERSITY (KAFU), it legal representatives and successors, and assign the right to photograph then use, reproduce and publish said images and likeness of me in the brochures, website, video clip, recorded material or any other document publicizing the University.

I agree that the photographs and video clips thereof shall constitute the sole property of Kaimosi Friends University with full right of disposition in any manner whatsoever, including the rights to publish on their website/brochures.

I hereby release Kaimosi Friends University and its legal representatives and successors from any and all claims whatsoever in connection with the use, reproduction publication of the images thereof.

Date this …………….day of………….20…………………

Signature……………………………………………………...

Name…………………………………………………………

Name of guardian……………………………………………….ID.NO……………………

(IF UNDER 18YRS)

Signature…………………………………………………………………………………….