

肖像授權同意書

本人_____ (被拍攝者) 同意並授權拍攝者對本人進行拍照及／錄影；且同意提供含有本人肖像及／或聲音之照片及／或影片（以下簡稱資料）予拍攝、修飾、使用、公開展示本人之肖像和本專案有關的傳單、海報、網站、臉書專頁等。本人不主張本人之肖像權及公開權。由拍攝者使用於中華民國休閒治療學會所舉辦之 2023 第 18 屆體育運動學術團體聯合年會暨國際學術研討會相關上之活動與相關成果/刊物、公開之媒體等露出呈現上使用。

立同意書人：

身分證字號：

電話：

住址：

●立同意書人若未成年，須請法定代理人加填下列欄位●

法定代理人：

身份證字號：

電話：

住址：

中 華 民 國

年

月

日

2023 The 18th Physical Education and Sport Academic Organizations Annual Joint Assembly and International Symposium

Portrait Authorization

I _____ (the person being photographed) agree and authorize the photographer to take photos and/or videos of me; and agree to provide photos and/or videos containing my portrait and/or voice (hereinafter referred to as information) for shooting, modifying, using, and publicly displaying myself in Leaflets, posters, websites, Facebook pages, etc. related to the portrait and the project. I do not claim my portrait rights and publicity rights. Used by the photographer for the presentation of activities related to the 2023 The 18th Physical Education and Sport Academic Organizations Annual Joint Assembly and International Symposium held by the Society of Leisure Therapy of the Republic of China, related results/publications, and public media.

Signature :

Passport ID Or Identification ID :

Phone Number :

Address :

● If the person making the consent is a minor,
please ask the legal representative to fill in the following fields ●

Legal representative :

Passport ID Or Identification ID :

Phone Number :

Address :

Republic of China

Year

Month

Day