Consent to Disclosure of Personal Information

**個人信息公開同意書**

I voluntarily agree to the collection and disclosure of the following personal information for the project “From the Ground Up: Buddhism and East Asian Religions” (the “Project”):

本人自願同意以在服務“From the Ground Up: Buddhism and East Asian Religions” 項目（以下簡作“項目”）的前提下收集并公佈以下個人信息：

• my name

• an audio and/or video recording of me

• a photograph of me

• copies of any personal documents or additional photos that I wish to share

(collectively the “Personal Information”).

• 本人姓名

• 關於本人的音頻以及視頻記錄

• 本人的一張照片

• 本人同意公佈的個人文件或其他圖片

（以下統稱“個人信息”）

I understand that the Personal Information may be distributed on the Internet in connection with the Project.

本人清楚“個人信息”可能經由互聯網與“項目”信息一同傳播。

Also, if I am sharing any personal documents or photos in which I have a copyright interest, I agree to do so under the terms of a Creative Commons Attribution -NonCommercial-ShareAlike 3.0 Unported License. This means that I retain the copyright, but that the public may freely copy, modify, and share these items for non-commercial purposes under the same terms, if they include the original source information.

同時，如果本人要傳佈本人享有版權的個人文件和圖像，本人同意遵守Creative Commons Attribution -NonCommercial-ShareAlike 3.0 Unported License中規定的相關條款。這表示本人雖然保留版權，但是只要在上述條款的准許範圍內，公眾可以以非盈利為目的，自由複製、更改和傳播以上“個人信息”，但須註明信息來源。

I understand that UBC is collecting the Personal Information pursuant to section 26 of the British Columbia *Freedom of Information and Protection of Privacy Act* for the purpose of the Project.

本人理解，UBC為“項目”採集本人信息依據的是 British Columbia省法案*Freedom of Information and Protection of Privacy Act*的第二十六部分。

Any questions about the videotaping, photographing and audiotaping should be directed to:

對於錄影、攝像、以及錄音如有任何問題，請致：

Name of field trip coordinator: (please print)

實地調研組織者姓名:（請用印刷字體填寫）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am 19 years of age or older and am competent to sign this contract in my own name. I have read and understood this form prior to signing it, and am aware that by signing this consent I am giving permission to UBC to collect and disclose the Personal Information as set out above.

本人已滿十九歲，并有完全行為能力以本人名義簽署本協議。本人已閱讀并理解以上協議內容，并明白簽署該協議表示本人准許UBC收集和公佈上述私人信息。

Name: (please print)

姓名 （請用楷體填寫）: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

簽名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_