

# Consent to Disclosure of Personal Information

## 个人信息公开同意书

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”):

本人自愿同意以在服务“From the Ground Up: Buddhism and East Asian Religions”项目（以下简称“项目”）的前提下收集并公布以下个人信息：

- 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
- 关于本人的音频以及视频记录
- 本人的一张照片
- 本人同意公布的个人文件或者其他图片（一下统称“个人信息”）

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

本人清楚“个人信息”可能经由互联网与“项目”信息一同传播。

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 4.0 International \(CC BY 4.0\)](#). 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.

同时，如果本人要传播本人享有版权的个人文件和图像，本人同意遵守 [Creative Commons Attribution 4.0 International \(CC BY 4.0\)](#) 中规定的相关条款。这表示本人虽然保留版权，但是只要在上述条款的准许范围内，公众可以以非盈利为目的，自由复制、更改和传播以上“个人信息”，但须注明信息来源。

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为“项目”采集本人信息依据的是 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:

对于录影、摄像、以及录音如有任何问题，请致：

Name of field trip coordinator: (please print)

实地调研组织者姓名：( 请用楷体填写 ) \_\_\_\_\_

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.

本人已满十九岁，并有完全行为能力以本人名义签署本协议。本人已阅读并理解以上协议内容，并明白签署该协议表示本人准许 UBC 收集和公布上述私人信息。

Name: (please print)

姓名 ( 请用楷体填写 ) : \_\_\_\_\_

Signature:

Date:

签名: \_\_\_\_\_ 日期: \_\_\_\_\_