

PHOTOGRAPHIC CONSENT AND RELEASE FORM

For good and valuable consideration, I authorize and grant the University of North Texas Health Science Center at Fort Worth (the "University"), and those acting pursuant to its authority, the absolute and irrevocable right, authority and permission to:

- (a) Record photographs or other portraits or likeness of me and voice on a video, audio, photographic, digital, electronic or any other medium ("Recordings").
- (b) Use my name in connection with these Recordings.
- (c) Use, reproduce, exhibit or distribute the Recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts, in any medium, now available to the University and that may be available in the future, including but not limited to print publications, newspapers, magazines, radio, television, video, CD-ROM, and electronic/online media.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such Recordings, in whatever medium, shall remain the property of the University, and I further understand and agree that I am to receive no compensation of any kind, monetary or otherwise, on account of or arising from the production, publication, recording, rebroadcasting, or other use of such Recordings.

I hereby acknowledge that I am 18 years of age or older and that I have read, fully understand and agree to the terms of this release.

Releasee Name*: _____

UNTHSC Program*: Center for Public Health Practice – School of Public Health _____

Address: _____
Street

City State Zip

Phone: _____

Signature: _____ Date: _____

Releasees under 18 years of age must have this agreement signed by their parent or guardian.

This is to certify that I, as parent/guardian with legal responsibility for this Releasee, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless the University from any and all liabilities incident to my minor child's involvement, to the fullest extent permitted by law.

Parent or Guardian Signature (if under 18): _____

Name: _____

Address: _____ Date: _____

***If you wish to decline this release, please only complete the name and program lines and check the following box.**

I decline this release.

THANK YOU!