

Media/Marketing/Public Relations

AUTHORIZATION & CONSENT TO PHOTOGRAPH, PUBLISH AND RELEASE INFORMATION

I _____ (Print Name) give my consent to the University of California, San Francisco ("UCSF") to photograph, film, videotape, audio record and/or use other means of capturing my image and/or voice, and to authorize others to do the same. Distribution methods may include, but are not limited to news media, printed materials, social media, websites, marketing, educational purposes or any other media now known or later developed, for unrestricted purposes.

I understand that my identity may be revealed through the photographs, films, videos, and recordings and/or through the use of my name and voice. I understand that I will not have an opportunity to inspect and approve the video or photographs prior to their use, and that UCSF will be the owner(s) of the video and/or photographs. This authorization and consent will continue indefinitely or for the maximum duration permitted by applicable law.

I waive any right to compensation. I further release and forever discharge UCSF, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures or videos, including but not limited to any and all claims for injury, invasion of privacy, defamation, or infringement of copyright.

My permission is subject to the following limitations: _____

Signature: _____
Subject, parent or conservator *Date/Time*

Email: _____ Phone: _____

Circle one: Faculty, Staff, Resident/Fellow, Student, Volunteer, Visitor, Patient, Patient family, Other ____

If signed by guardian: _____
Name of subject *Relationship* *Age of minor*

UCSF representative/Designee (person securing this form): _____

Event and location: _____



Photo Release Form

I voluntarily give to California Health Sciences University and its affiliates, unrestricted permission to take, copyright and use in print, electronic, online and visual format, pictures, videotaped images and audio recordings of me, as well as permit the use of any text, audio effect, or printed material, including the use of my name, created in connection with such use.

I waive and relinquish any right to examine or approve the completed work and any and all intellectual property rights associated with my image, video and audio recordings and to the completed work.

I understand that this consent is optional, and that I can revoke this consent at any time by providing written notice to the Office of Student Affairs for my college.

Signature

Name (Please Print)

Date



Publicity, Video, and Photo Release Form

Project Name: **California Medicine Scholars Program**

I hereby grant to the Foundation for California Community Colleges (Foundation), California Medicine Scholars Program (“CMSP”), and the Regents of the University of California (“Regents”) the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance, as such may be embodied in any photos and/or videos as a CMSP student. I agree that the Foundation, CMSP, and Regents have complete ownership of such material and can use said material for any purpose consistent with the Foundation’s mission. As part of this project, interviews, photographs, and video recordings will be taken of you during your participation in CMSP, the research project. Participation in CMSP, the research project, is voluntary. You may choose not to participate in any photos, videos, focus groups or interviews. You also have the right to leave during any of these activities. In any use of the photographs or video recordings, your name might be identified only if you agree.

These uses include, but are not limited to, publications, advertisements, news releases, Web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such content. I hereby release and discharge the Foundation, and its agents, representatives and assignees from any and all claims and demands arising out of or in connection with the use of my likeness, including any and all claims for injury, compensation, invasion of privacy, right of publicity, misappropriation or misuse of image, libel, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns.

_____ I would like to be identified by my first name and last initial.

_____ I would like to be identified by an alternative name.

Email Address: _____

Phone Number: _____

This agreement is being made and entered into under the laws of the State of California and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement.

THIS AGREEMENT PROVIDES THE FOUNDATION WITH YOUR ABSOLUTE AND UNCONDITIONAL CONSENT, WAIVER, AND RELEASE OF LIABILITY, ALLOWING THE FOUNDATION TO PUBLICIZE YOUR NAME, LIKENESS, AND OTHER PERSONAL CHARACTERISTICS AS SET OUT ABOVE. BY SIGNING, YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT AND THAT YOU ARE GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE FOUNDATION.

Name (Printed): _____

Date: _____

Signature: _____

For any questions or concerns, please contact Kaitlin Jackson, EdD at KJackson@foundationccc.org.