

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER
PHOTOGRAPHIC CONSENT AND RELEASE FORM**

I, _____, give the UT Southwestern Medical Center permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of all UT Southwestern Medical Center activities. I agree that UT Southwestern Medical Center will have complete ownership of such pictures, including the entire copyright, and may use them for any purpose consistent with the UT Southwestern Medical Center's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional, fundraising, or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, for the use of such pictures, and I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection with them or the use to which they may be applied.

UT Southwestern Medical Center has the irrevocable, perpetual, and unrestricted right and permission to take, use, re-use, publish, and republish any photographic portraits, pictures, or other media of me or in which I may be included, through any medium, and in any and all media now or hereafter known. Such use includes but is not limited to print media and distribution over the Internet for illustration, promotion, art, editorial, advertising, or any other purpose whatsoever. I acknowledge that UT Southwestern Medical Center has the right to edit the portraits or pictures, including without restriction any changes or alterations as to color, size, shape, perspective, context, foreground or background. I also consent to the use of any published matter in conjunction with such photographs or other media.

These materials may be taken by and for UT Southwestern Medical Center and their representatives or person(s) authorized by them. The purposes of these groups may be to share your story with the public, including newspapers; magazines; television; radio; video projects; comments or postings on the Internet, blogs and social media websites like YouTube, Facebook, MySpace, Twitter; oral testimonials in public venues; or publication in other media by celebrities and supporters.

I hereby release UT Southwestern Medical Center from any and all claims which arise out of or are in any way connected with such use, and I hereby release, discharge, and agree to hold harmless UT Southwestern Medical Center and its agents and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of such photographs or video or other media or in any subsequent processing of them, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents of this document. This release and consent shall be binding upon me and my heirs, legal representatives, and assigns.

I have read and understood this consent and release.

I give my consent to the UT Southwestern Medical Center to use my name and likeness to promote any UT Southwestern Medical Center program, its agents, and/or their activities.

Print Name: _____

Signature: _____

Date: _____

IF INDIVIDUAL HAS A LEGAL REPRESENTATIVE, COMPLETE THE FOLLOWING:

Print Name of Individual: _____

Print Name of Legal Representative: _____

Relationship to Individual: _____

By signing this authorization, I certify that I have the legal authority to serve as the above named person's legal representative.

Signature of Legal Representative: _____ Date: _____