

Media Consent Form

Non-patient

AUTHORIZATION AND CONSENT TO PHOTOGRAPH, VIDEO, PUBLISH AND RELEASE INFORMATION

I _____ (Print Name) give my consent to the University of California, San Francisco ("University") to photograph, film, videotape, audio record and/or use other means of capturing my image and/or voice, and to use it in various formats and for the purposes within UCSF's mission of research, education, patient care, and public service. Distribution methods may include, but are not limited to: media, printed materials, social media, websites, or in 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 the University 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 the University, 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.

Signature: _____ Date: _____

Print Name: _____ (photo subject or guardian)

Affiliation (Title and position, if faculty or staff): _____

If signed by guardian, indicate relationship: _____ Age of minor: _____

Address: _____

Email: _____ Phone: _____

Witness (name of person securing this form): _____

Event and location: _____

Initial use/publication purpose of photo or video: _____



University of California
San Francisco