



## University of St. Augustine for Health Sciences Audio / Film / Video / Photo Release Agreement

I hereby consent to the use of my name, photograph, image, voice, or other likeness for publication purposes including, without limitation, in audio, film, video, print, or any other electronic means (materials) by the University of St. Augustine for Health Sciences (University) in University's sole discretion. University retains all rights to all materials and is entitled to unlimited and unrestricted use of said materials. University may assign its rights under this Agreement to any of its affiliated institutions at University's sole discretion.

I further agree that my name and/or photograph or other likeness may be used with visuals, copy or other such elements for publications, without restriction as to manner, frequency or duration of usage, if any. I further agree that all such materials produced hereunder may be edited by University in its sole discretion, and are and will remain the sole and exclusive property of University and that I do not have the right to review such materials prior to their use.

I represent that I am over the age required by law to enter into binding agreements and that I have no conflicting contractual obligations that would interfere with my granting the rights herein. I hereby release and discharge University from any and all liability arising out of my participation in or in connection with the University project covered by this Release Agreement.

This Release Agreement, and the consent given herein, is irrevocable and is given on the express understanding and condition that no reward or compensation is or shall be due to me for the giving of this consent.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

If subject is younger than 18 years old, Parent or Legal Guardian must also sign (or sign in the alternative):

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_