

Appendix A
**Marketing and Promotional Photo, Video,
 & Audio Release (Non-PHI)**



Your Information		
Name		
Address		
City	State	Zip
Phone:	Email:	
Type: <input type="checkbox"/> Faculty <input type="checkbox"/> Medical Student <input type="checkbox"/> Grad Student <input type="checkbox"/> Medical Student <input type="checkbox"/> Staff <input type="checkbox"/> Other _____		
<input type="checkbox"/> I am at least 18 years old.	<input type="checkbox"/> I am signing as the parent/guardian of:	

Project Information	
Name:	
Type:	<input type="checkbox"/> Photo <input type="checkbox"/> Videos <input type="checkbox"/> Audio <input type="checkbox"/> Other:

Purpose: By signing this document, you voluntarily grant UCR, the UCR School of Medicine, and/or UCR Health permission to take and use photographs, record audio and/or video, or other multimedia in any-and-all promotional materials and publicity efforts. I understand that all content may be used in print, digital or other forms, in accordance with SOM policy 950-02-006.

I release the university, the photographer/videographer, their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I agree that UCR, the UCR School of Medicine and/or UCR Health own all rights to the multimedia items listed above. I waive all rights that I may have in the use of my likeness. The organizations will have the right to reproduce, distribute, sell, transmit, publish, exhibit, or otherwise use all the content listed above. I will not receive any payment for any subsequent use of them.

Unless otherwise indicated, this authorization does not expire. If a request to revoke permission is received, it is understood that items that have been released into public may not be able to be recalled or removed.

Signature of Patient or Legal Representative	Date	Relationship to Patient
Signature of Witness or Interpreter	Date	Phone number
Signature of Person Obtaining Consent	Date	