

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



<b>Your Information</b>		
Name		
Address		
City	State	Zip
Phone:	Email:	
<b>Type:</b> <input type="checkbox"/> Faculty <input type="checkbox"/> Medical Student <input type="checkbox"/> Grad Student <input type="checkbox"/> Community Member <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:	

<b>Project Information</b>	
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.

<b>Signature of Individual, Patient or Legal Representative</b>	<b>Date</b>	<b>Relationship to Patient</b>
<b>Signature of Witness or Interpreter</b>	<b>Date</b>	<b>Phone number</b>
<b>Signature of Person Obtaining Consent</b>	<b>Date</b>	