

Consent for interviews, quotations, photography and motion-picture footage in print and on the web

Date: _____

I HEREBY GIVE UW MEDICINE, its subsidiaries or affiliates, UW Medicine’s photographer, and the University of Washington the absolute and irrevocable right and permission, with respect to photographs or motion-picture footage taken of me or in which I may be included with others, or with respect to interviews conducted with me:

- a) to copyright the images, photographs, or motion-picture footage and/or copyright the thoughts expressed in the interview, through either quotation or paraphrase (referred to below as “text”);
- b) to use, re-use, publish, and re-publish the same in whole or part, individually or in conjunction with other images, photographs, motion-picture footage and text, in any medium (including the web) and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, news media, and advertising and trade; and
- c) to use my name in connection therewith, if the publisher so chooses.

I hereby release and discharge UW Medicine, UW Medicine’s photographer, and the University of Washington from any and all claims and demands arising out of or in connection with the use of the images, photographs, motion-picture footage or text, including any and all claims for libel. Additionally, I waive any right to compensation or other considerations arising or related to the use of my image, photograph, motion-picture footage, quote, text or story.

This authorization and release shall also enure to the benefit of the legal representatives, licensees, and assigns of UW Medicine, UW Medicine’s photographer, and the University of Washington, as well as the person(s) for whom the photographs were taken or interview conducted.

I am over the age of 21. I have read the foregoing and fully understand the contents thereof.

Signature _____

Print name _____

Relationship (if signing for a minor or person unable to sign) _____

Address _____

Phone _____ Email _____

Witnessed by _____

UW MEDICINE USE ONLY:	PHOTOGRAPHER:
Project:	
Received by:	Date: