



# David Geffen School of Medicine

## PHOTO RELEASE CONSENT FORM

You are being asked for your consent (permission) to be photographed. Your consent is completely voluntary (meaning that it is up to you). Please read the information below and ask questions about anything you do not understand.

The Regents of the University of California ("The Regents") would like to photograph you. The Regents would like to take photograph(s) of you for use on websites, promotional materials, or personal use. The photograph(s) will capture your likeness, including your face or other parts of your body.

Once the photograph(s) are made public, The Regents will not have any control over how or where they are used or re-used. If you agree that The Regents may take and use a photograph(s) of you, please sign and date below:

- I consent (give permission) to The Regents taking my photograph(s) for later use.
- I consent (give permission) to The Regents capturing in the photograph(s) my likeness, face, or other parts of my body.
- I give The Regents the right to use the photograph(s) by making copies of it, modifying it, and publicly distributing and displaying it, including to the news media (such as TV, radio, newspapers, magazines, websites, or video news releases) in perpetuity, in any medium in any location.
- I understand that once the photograph(s) is made public, The Regents will not have any control over how or where it is used or re-used.
- I assign to The Regents all rights, title, interest (including copyrights and other intellectual property rights) to and in the photograph(s).
- I release and forever discharge The Regents, its officers, agents, and employees from any and all claims and demands arising out of or in connection with taking or using the photograph(s), including but not limited to any and all claims for invasion of privacy, defamation or infringement of copyright.
- I understand that I will not be compensated for The Regents taking or using the photograph(s).

You should not sign and date this consent and release form until all of your questions about taking and using the photograph(s) have been answered. You will be given a copy of the signed and dated form.

Your consent to being photographed is voluntary (meaning that it is up to you). Your decision will not affect your future relationship with UCLA or The Regents.

Your signature below means that you have read the information in this consent form and have had a chance to ask any questions you have about it.

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Participant's Full Name (Print)

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Participant Signature

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City and Country Where Signed

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Date Signed by Participant

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Witness's Full Name (Print)

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Witness's Relationship to Participant

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Witness's Signature

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Date Signed by Witness