

Last Name

First Name



University of California, San Francisco, Fresno Photography & Audio/Video Recording Consent Form

UCSF Fresno Center for Medical Education and Research
155 North Fresno Street, Fresno, CA 93701

Authorization and Consent to Photograph, Publish and Release Information

I give permission and authorize The Regents of the University of California, University of California, San Francisco, including the UCSF Fresno Medical Education Program and affiliated programs, and its personnel, their officers, agents, employees and students, to take photographs of me, to interview me, to publish, print and broadcast my voice and image to be used for educational purposes in resident/physician training, for patient and resident education and for the promotion of UCSF Fresno and various UCSF Fresno affiliated programs through the use of brochures, publications, posters, printed materials, displays, signs, TV/Video broadcast and internet/web.

I understand that I have the right to request that photography/video session end at any time during the session.

I understand that I have the right to withdraw my consent at any time, until a reasonable time before the photograph or videotape is used. Please contact the UCSF Fresno Educational Media Services department at ems@fresno.ucsf.edu to withdraw your consent. A written request for withdrawal of consent can be mailed to UCSF Fresno.

The photographs or videos will be stored by the UCSF Fresno Educational Media Services Department and will be destroyed when no longer needed. Photographs and videos include any electronic or audio recording media. The term "photograph," as used in this agreement shall mean motion picture or still photography in any format, as well as videotape, videodisc, web and any other means of recording and reproducing visual images and sound.

I release the UC Regents and the UCSF Fresno Medical Education Program, its personnel and its affiliated programs from any and all liability which may or could arise from the taking, recording, publication, distribution or other use of photography and audio/video media.

MUST check one:

- I give permission to UCSF to use my image and voice in photographs and audio/video media for use in departmental, educational and promotional materials, videoconferencing, print, TV broadcast, internet/web and displays to be used internally and publicly.
- I give permission to UCSF to use my image and voice in photographs and audio/video media for use in departmental, educational and promotional materials for INTERNAL USE ONLY (Intranet, rosters, videoconferencing, licensing certification, phone directory, badge photos, event photography, awards, etc.).

IN ALL CASES

I waive any right to compensation. I hold the UC Regents and their designees harmless from and against any claim for injury and or compensation resulting from the activities authorized by this agreement.

Date: _____

Print Name: _____ Signature: _____

Department: _____ Position or title: _____