

UAMS Photography Release Agreement

I, the undersigned, hereby give the University of Arkansas for Medical Sciences, their legal representative, assigns, and those acting on their behalf and with their permission, the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or video tape recording taken of me by the University of Arkansas for Medical Sciences or those acting on their behalf or with their permission, and any reproductions thereof, in any form, whether intentional or otherwise, and may be used in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity, or promotion, without restriction or limitations. I understand that the photographs, film and/or video may be used in news releases, newspapers or magazine articles, television, the UAMS website or social media sites (e.g., Facebook , YouTube).

I hereby release, discharge, and agree to save harmless the University of Arkansas for Medical Sciences, their assigns, legal representatives, agents, and those acting on their behalf and with their permission, from and against any liability resulting from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which my occur, result, or be produced in the taking of said photography, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the recordings, advertising copy, or material used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.

DATE _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE _____

I warrant that I am the parent and/or guardian of:

PRINT NAME _____

the person named in the foregoing Release Agreement, and that I am duly authorized to act in his/her behalf. I have read the foregoing agreement in its entirety and I understand its contents. I hereby consent that the photography taken under this agreement may be used for the purposes set forth therein.

DATE _____

PRINT NAME _____

PRINT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE _____

