

Authorization and Consent to Photograph, Record and Publish

I hereby grant to Northeast Ohio Medical University (the University) the following rights in the interest of furthering the University's creation and distribution of education, informational, clinical, artistic, or other materials:

- 1. The right to record my image, photograph, picture, likeness, and voice by any technology or means.
- 2. The right to copy, use, perform, display, and distribute such recordings of me for any legitimate purpose, including but not limited to distribution by means for streaming or other technologies via the internet, or distribution of audio or video files (e. g. podcasts) for download by the public.
- 3. The right to combine such recording of me with other images, recordings, or printed matter in the production of motion pictures, television tape, video streaming, sound recordings, still photography or any other media.
- 4. The right to record, reproduce, amplify, and simulate my image and all sound effects produced.
- 5. The right to assign, transfer or license the above rights to third parties.
- 6. The right to use my image and voice in connection with the marketing of the University's programs or events, for educational, artistic, or promotional needs.

I have entered into this Agreement in order to assist the University in its mission of teaching, research, clinical care and public service and I hereby waive any right to compensation, now or in the future, in connection with the University's exercise of the rights granted hereunder.

I hereby assign to the University any and all copyright I may have in the recordings made of me hereunder.

I hereby hold harmless and release and forever discharge the University, its officers, employees and agents, either in their individual capacities or by reason of their relationship to the University and its successors or the State of Ohio and all of its employees or agents from all claims and demands whatsoever that I or any other persons acting on my behalf or on the behalf of my estate have or may have against the University or any or all of the abovementioned person or their successors or the State of Ohio by reason of the above-mentioned grant of permission, including all claims for libel and invasion of privacy or infringement of rights of copyright and publicity.

I state that I am at least eighteen (18) years of age and am competent to contract in my name. (If not 18, must have the signature of a parent or guardian.) I have read and fully understand the above.

Signature of Person Granting Consent	Date
Printed Name of Person Granting Consent	
Address	 Telephone
City	State/Country Zip Code
Signature of Parent/Guardian of Minor	 Date

If you have any questions, please contact the University's Office of Marketing and Communications at 330.325.6618.