Northeast Ohio
MEDICAL UNIVERSITY

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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, events, or educational, artistic, or other materials.

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 above-mentioned persons 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 Public Relations at 330-325-6673.

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