



## Department of Medicine

### MODEL IMAGE AUTHORIZATION AND RELEASE

I, the undersigned, hereby grant, assign and convey to The Regents of the University of California, on behalf of the University of California, San Diego, its officers, and employees (collectively referred to herein as "UCSD") and its agents and assigns the worldwide, perpetual, irrevocable right to: (1) photograph the undersigned; (2) interview the undersigned; (3) reproduce, distribute, broadcast, display, create derivative works of and otherwise use the undersigned's name, photograph, presentation and likeness for and in connection with UCSD's educational, public service, public relations, publicity, promotional, and recruitment purposes, by any means, methods and media (print and electronic) now known or in the future developed that UCSD deems appropriate.

The term "photograph," as used in this agreement shall include 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.

The term "presentation" as used in this agreement shall include any audio and/or visual program, performance and/or lecture, including any written materials used in connection therewith, specifically including but not limited to Department of Medicine Grand Rounds.

The undersigned represents and warrants that any presentation covered by this agreement represents the undersigned's own original work, contains no defamatory material, and does not infringe upon the copyright, intellectual property rights, or privacy rights of another. The undersigned also agrees to defend and indemnify UCSD against any and all claims arising out of my presentation, including but not limited to claims of copyright infringement and defamation.

I make this grant of rights with the understanding that no compensation will be paid to me by UCSD for such grant. I understand and agree that all right, title and interest, including copyrights, in the materials created by UCSD pursuant to this agreement are the exclusive property of UCSD and that I will obtain no rights in such materials.

This Agreement gives UCSD full discretion and authority to edit and transfer videotape footage into other programs and/or for other purposes.

I also understand that UCSD is not actually required to use my photograph or likeness in any way.

DEPARTMENT OF MEDICINE

9500 Gilman Drive, # 0671 San Diego, California 92093-0671 T: 858-822-3345 F: 858-822-3344

May 2012



I hereby waive any right that I may have to inspect or approve any photograph, likeness, or derivative work thereof made pursuant to this agreement. I understand that my identity may be revealed through my photographs and/or through the use of my name and/or voice. I understand that under California law individuals have the legal right to control the use of their names, likenesses and images and I hereby release all such rights and agree to indemnify and hold harmless UCSD, its agents, licensees, and assignees from, and will neither sue nor bring any proceeding against, any such parties for any liability, whether now known or arising hereafter, resulting from or arising in connection with the exercise of such parties' rights pursuant to this agreement.

I have read the above agreement, fully understand its contents and agree to be bound by it. I represent and warrant that I am of full age, that I have the right to contract in my own name, and that I have no pre-existing obligation that may restrict or limit my ability to sign this agreement.

This agreement will be governed by the laws of the State of California and represents the final and exclusive agreement between UCSD and myself on this subject.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

If the person named above is a minor, a parent or legal guardian must complete the following:

I warrant that I am the legal guardian of the minor being photographed or whose likeness will appear in photograph(s) or other media as designated by UCSD and agree to the above.

DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

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