

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
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Date _____ **Phone** _____

Printed name of individual (model): _____

Printed name of Parent/Legal Guardian of model, if any: _____

I voluntarily give my permission for UT Health Science Center staff to record me (or my child or an individual to whom I provide guardianship) on video/audio tape, photographic film or any other medium including social media and podcast platforms.

I authorize use of my (or my child's or an individual's to whom I provide guardianship) name, likeness, voice and biographical material in Health Science Center publications and website - to include electronic and printed magazines, brochures, newsletters and the Internet and its social media (e.g., Facebook, Twitter, Instagram, Podcast platforms, etc.) - as well as in its dissemination of information to the news media -- for publicity for the University and its programs.

I give the Health Science Center the right to exhibit or distribute such representations, in whole or in part, without limitations, for any educational purpose that the Health Science Center, and those acting under its authority, deem appropriate.

I understand that I may withdraw or revoke my authorization at any time and such revocation must be given to the Health Science Center in writing. If I withdraw my permission, my image/information may no longer be used or released for the reasons covered by this authorization. However, I understand that any release made prior to a revocation may remain in public domain.

I further understand that no special favors, payment or any other compensation have been promised to me for agreeing to this authorization.

Signature of Individual (model), Parent or Legal Guardian of model: _____

