

MEDIA RELEASE FORM

Date:	Shoot Location:
Project:	Photographer/Producer:

AUTHORIZATION AND RELEASE

The University of Alabama at Birmingham (hereinafter "UAB") produces informative materials in various media formats for use as educational materials for the general public in the areas of research, patient care, and other areas of interest.

To accomplish this important goal of UAB, UAB requests persons to authorize it to utilize their name, likeness, voice, and/or performance, whether by motion picture, photograph, or quoted statements.

In the interest of furthering the above purpose, the undersigned knowingly and willingly agrees to be bound by this authorization and release and agrees as follows:

A. To authorize UAB to record my name, likeness, voice, and/or performance by any means of recordation, in particular, but without limitation, photograph, motion picture, and/or videotape; and

B. To authorize UAB to use my name, likeness, voice, and/or performance in any means of printed or Web publication or electronic broadcast; and

C. To not receive any form of consideration, in particular, but without limitation, royalties and/or payments from UAB or related entities, for said recordation and use by UAB of my name, likeness, voice, and/or performance in any means of publication; and

D. UAB has all rights, title, and interest to and the undersigned hereby assigns to UAB any rights of the undersigned to any recordation and any use of the recordation made pursuant to this authorization; further, UAB is authorized to control distribution, editing, and use of the said recordation locally, nationally, and internationally; and

E. To release and hold harmless UAB, UAB-related entities, and their agents, personnel, trustees, directors, officers, and employees against any and all claims for loss, damages, or injuries as a result of participating in the activities anticipated by this Agreement, in particular, but without limitation, the publication and the recordation of the name, likeness, voice, and/or performance of the undersigned.

The undersigned has read and voluntarily signed this authorization and release of liability and agrees to be bound by the terms and conditions herein.

Name (Print):

Signature:

Phone:

Address:

Authorization for Minor: