



Media Release

For good and valuable consideration herein acknowledged as received, I hereby grant to Emory University, its affiliates, legal representatives, and assigns, and those acting with Emory’s authority and permission, the irrevocable and unrestricted right and permission to create, use, re-use, publish and re-publish video recordings, audio recordings, photographs, or other media that contain or capture my likeness or voice or in which my likeness or voice may be included (the “Recordings”) in connection with any publication or materials relating to or serving the mission and goals of Emory University or Emory Healthcare, including advertisements, brochures, or other promotional materials. The Recordings may be used with or without my name, and in any and all media now or hereafter known. I acknowledge and agree that Emory owns all right, title, and interest in and to the Recordings, including all copyrights therein and the full and unrestricted right to edit and modify the Recordings, and I hereby assign and agree to assign any such interest that I may own or control to Emory. I also consent to the use of any printed matter in conjunction with the Recordings. I hereby waive any right I may have to inspect or approve the Recordings or any finished product or products incorporating the Recordings and any written or other print material that may be used in connection therewith, including print material containing my name. I acknowledge that nothing in this Agreement obligates Emory or any third party to make any use of the Recordings. If the Recordings will be created at a public event, I understand and agree that media and other entities may be present and creating their own recordings; and that such entities will be free to edit, display, and otherwise use any such recordings as they determine in their own discretion, including any recordings that include my name, image, likeness, voice, and any spoken remarks at the event.

I hereby warrant that I am of legal age and have the right to contract in my own name. I have read the above Media Release prior to its execution, and I am fully familiar with its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Name(Print) _____ Date _____

Signature _____ Ph: _____

Address _____

City _____ State _____ Zip _____

If the subject is a minor, have parent or guardian complete below:

Parent Name(Print) _____ Date _____

Parent Signature _____ Ph: _____

On behalf of Minor Name (Print) _____

Address _____

City _____ State _____ Zip _____