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UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

I hereby agree that I and/or my minor child is voluntarily participating in a “live” lecture at the University of Massachusetts Medical School (UMMS), and further, I fully and completely authorize and give my informed consent to UMMS to photograph or film me and/or my minor child and to use the files in such forms as photographs, slides, movies, audio or videotapes in the student learning management system, publications and/or video displays, UMMS Web site pages or other use as specified below. I understand and agree that such audio and visual files may be used as deemed appropriate by UMMS and that no fees, expenses or any compensation whatsoever will be paid to me and/or my minor child for participating in the lecture or the use of these audio and visual files. I hereby release UMMS, its officers, employees, agents and Trustees from any and all claims, disputes, damages and/or liabilities that may arise or result from my and/or my minor child’s participation in this “live” lecture and/or the taking/publication/use of any resulting audio and visual files.

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(If minor child, signature of parent or legal guardian)

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SIGNATURE OF WITNESS

PRINT WITNESS’ NAME

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PRINT NAME