



AUDIO-VISUAL CONSENT, AUTHORIZATION and WAIVER

I, _____ (print name) hereby give my full, complete and voluntary consent and authorization to _____ (print name), to create or capture audio-visual images or recordings of me or transcripts thereof, and to include them in any materials submitted to the Lamar Soutter Library's Office of Medical History and Archives at UMMS. I understand and agree these materials will be preserved as part of the Archives permanent collections and will be available for scholarly research. The materials may be displayed on campus, used in educational settings, or presented in online or print publications related to this work. I understand and agree no fees will be paid to me for the creation, capturing and/or use of these materials. I understand and agree I may revoke this consent and authorization only by delivering a signed and dated document to UMMS. I understand this audio-visual content shall not be commercially sold without my additional permission.

I hereby voluntarily and completely waive and release UMMS, its employees, faculty, officers, and Trustees, from and against any and all claims, liabilities, disputes, damages or rights I may have at any time related to and/or arising from this audio-visual content and the creation and educational use of same.

SIGNATURE OF INDIVIDUAL

DATE

ADDRESS – CITY – STATE – ZIP CODE

Print Witness' Name

Sign Witness' Name