Authorization and Consent to Photograph and Publish

The term “photograph” as used in this agreement, shall cover motion picture or still photography in any format, as well as videotape, videodisc, and any other mechanical mean of recording and reproducing images.

The undersigned thereby authorizes the staff of the University of Florida to photograph or permit other persons to photograph

_________________________________________
Print Name

while participating in its training programs. The undersigned agrees that the College of Medicine staff may use and permit other persons to use the negatives, prints, videotape or films prepared from such photographs for purposes and manner as either may deem appropriate. The undersigned agrees the photographs may be used for the purposes including, but not limited to, dissemination to the hospital staff, physicians, health professionals for educational, research, scientific, and that such dissemination may be accomplished in any manner. Such use is subject to the following limitations:

• All video records generated for routine use will be retained on secure servers, accessible only by users authorized by the College of Medicine for up to 5 years or 1 year after the student’s affiliation with the College of Medicine ends, whichever comes first.
• Materials used for promotional and scholarly purposes will be retained as long as reasonably necessary.

The undersigned has entered into this agreement in order to assist scientific discovery, education, and hereby waives any right to compensation for these uses by reason of forgoing authorizations, and the undersigned and his or her successors, hereby hold the staff of the UF COM and the Center for Experiential Learning and Simulation and their successors, harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

☐ Yes, you may use my video for education, scientific and research purposes.

Date: __________________________
Signature: _______________________
Title/Position: ____________________