



**UAMS Office of Communications & Marketing  
PHOTOGRAPHY OR VIDEO/AUDIO RECORDING  
OR INTERVIEW Release Agreement of Volunteer Information**

I, the undersigned, hereby give the University of Arkansas for Medical Sciences (UAMS), its legal representatives, assigns, and those acting on its behalf and with its permission (“agents”), the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or video tape recording, audio recording, or interview taken of me by UAMS or its agents, and any reproductions thereof, in any form, whether intentional or otherwise, and to use in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity or promotion, without restriction or limitations.

I hereby release, discharge, and agree to hold harmless UAMS and its agents from and against any and all liability that may result from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which may occur, result, or be produced in the taking of said photography, recording or interview, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the photography, recordings, advertising copy, materials, or products used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.

PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I warrant that I am the parent and/or guardian of:

PRINT NAME \_\_\_\_\_ the person named in the foregoing Release Agreement, and that I am duly authorized to act on his/her behalf. I have read the foregoing agreement in its entirety and I understand its contents. I hereby consent that the photography, recordings and/or interviews taken under this agreement may be used for the purposes set forth therein.

PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_