Recording/Photographing Consent and Authorization Form
The University of Arizona College of Medicine

I grant permission to the Arizona Board of Regents on behalf of The University of Arizona ("University") to record and/or photograph me and my presentation on the date and at the event and location listed below (the "Recording"). I grant the University the exclusive, royalty-free rights to copyright, publish, broadcast and otherwise disseminate all or any part of the Recording, as well as any associated educational materials used or distributed by me at said event. The University shall also have the exclusive, royalty-free rights to use, reproduce, distribute, perform, display, broadcast, exhibit and transmit the Recording, in whole or in part, for any and all uses in connection with the education, research and public service mission of the University, whether for commercial or non-profit purposes. Unless I request otherwise, my name and professional affiliation will be clearly associated with the Recording.

I agree that the University shall have the exclusive, royalty free right to use and distribute the Recording in any manner and in any media now known or hereafter discovered or developed, so long as such uses are consistent with the education, research and public service mission of the University. I confirm that, to the best of my knowledge, statements I made in the Recording are true and that the Recording does not violate or infringe upon the rights of any third party.

I release and discharge the University, its employees, and agents from any and all actions for personal injury, property damage, and /or other loss suffered by me in connection with the Recording, as well as any broadcast or distribution of the Recording. I further agree to waive and release all claims against the University and its employees related to rights of privacy, publicity, and confidentiality for the University's use of the Recording. I agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

I represent and agree that I own or control all rights necessary to make the grants of rights contained herein and I hereby waive all rights of privacy, publicity or compensation to which I otherwise may have been entitled in connection with the rights granted to the University herein. I grant to the University the non-exclusive, royalty-free right to use my name, image, likeness, voice, and biographical information in connection with University's use of the Recording. I also understand and agree that there will be no residual or any other type of payment, royalty, or fee due in connection with use of the Recording.

I represent that I am at least 18 years of age and am competent to enter into this agreement. I acknowledge that I have read and understood all of the foregoing, and that the nature and benefits of my participation in the project or program have been explained to me. I indicate my agreement to the foregoing by my signature below. I understand that a copy of this form will be provided to me upon my request.

Event and Location of Recording/Photographing:

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Date: ____________________ Name (please print): ______________________________

Signature: ____

Address: ____

City: ________________________________ State: ______________________ Zip Code: __________

Phone: __________________________________ E-mail: ____