



Release Form for Adults

I have authorized The University of Texas Health Science Center at Houston (“UTHealth”) or its agents or affiliates to obtain, retain and/or release, in its sole discretion, any and all “Media Images” of me (audio or video interview or other recording, and/or photograph and/or illustration) , including information and/or materials in the Media Images regarding my personal and/or medical history, condition(s), and treatment(s) for the purposes of publicizing, promoting, marketing, or advertising UTHealth’s activities, programs, and services.

I hereby release UTHealth and its agents and employees, and The University of Texas System and its Regents, officers, agents and employees from any and all liability connected with the capture or use of any and all Media Images referenced in the Media Authorization Form for Adults.

I hereby voluntarily waive all rights, interest or claims for payment in connection with any capture or use of any and all Media Images.

If I withdraw my authorization for the capture, use or disclosure of Media Images, this Release will remain in full force and effect.

Name

Signature

Address

City

State

Zip Code

Telephone

Media Event: _____

Date: _____