

Media Consent Form

I, the undersigned, do hereby consent to the use by the University of Illinois College of Medicine Peoria of my image, or likeness, and voice for any purpose on behalf of the College of Medicine Peoria. This may include, but is not limited to, use in print, digital and broadcast marketing materials, posting on websites and social media platforms, educational presentations, and for sharing with external news media.

I understand that the College of Medicine Peoria will be unable to prevent others from gaining access to online materials and will be unable to prevent others from copying, altering or republishing my image or likeness.

I understand and agree that I will not be compensated for these images and that the College of Medicine Peoria will forever own the images and their copyrights, and I waive any right to inspect or approve the finished photograph, video or audio recording.

I understand that this consent is perpetual, that I may not revoke it, and that it is binding on me, my heirs and assigns. I warrant that I am at least 18 years of age and that I am competent in my own name insofar as this consent is concerned. I further attest that I have read this consent form and fully understand its contents.

SUBJECT:

(person being photographed or recorded)

Print name: Date of Birth:

Address:

Print name of parent or guardian (if subject is under 18 years):

Signature: Date:

RECEIVED BY:

(faculty or staff)

Print name: Date:

UICOMP title/department: