

Boston University Division of Graduate Medical Sciences Photography, Video, and Audio Recording Release

I hereby authorize Trustees of Boston University (“Boston University”) to publish or otherwise use, re-use, publish or re-publish video recordings, audio recordings, photographs, or other media that contain or capture my likeness or voice or in which my likeness or voice may be included, in connection with my participation in Boston University Division of Graduate Medical Sciences (GMS) classes and activities, as well as other depictions of student life generally, and to the editing, use and distribution of all or parts thereof, and to the use of my name, in connection with informational, marketing, advertising and/or promotional descriptions of Boston University Graduate Medical Sciences programs in any form or media, now or hereafter known, including, but not limited to, print, online, audio and video based materials.

I acknowledge and agree that my participation is voluntary and I will not receive financial compensation of any kind associated with the taking, publication, or use of any such photographs, video and/or audio recordings of me, and I acknowledge and agree that any such use confers no rights of ownership or royalties whatsoever.

I acknowledge that Boston University will own all rights in any such photographs, video and/or audio recordings of me and may permit others to use same, without any further consent from or compensation to me. I hereby discharge and release Boston University from any and all claims relating to any such photographs, video and/or audio recordings of me or their use, including all claims involving rights of publicity, rights of privacy or confidentiality, and copyright.

BU Division of Graduate Medical Sciences Photo Audio Video Release Form

Name _____

First

Last

GMS Program _____

Email _____

Signature _____

Date _____