

AUTHORIZATION FOR USE OF IMAGE, VOICE AND LIKENESS

Signed Original to be retained by Department
Signed Copy to be sent to marcom@westernu.edu

Department:	Location/Date of the Activity:
Description of the Activity:	
Describe the possible uses for which the Department may use the Images:	

I, the undersigned, hereby freely and voluntarily consent to and authorize Western University of Health Sciences, a public benefit corporation, ("WesternU") and its employees, agents, representatives, contractors, and personnel who are acting on behalf of WesternU, with the irrevocable right to take, capture, record, create, store, transmit, process, obtain and/or use my photograph, image, portraits, appearance, voice, quotes/excerpts of my written/verbally expressed words, name, alias, biographical information, video, audio recording and/or other likeness of myself (hereinafter collectively referred to as "Images") for purposes related to the educational mission of WesternU, including but not limited to instructional and/or educational purposes, publicity, marketing, admissions, promotion, fundraising, exhibitions, conferences, merchandising, or other purpose, without payment, royalties or other compensation to me. I further understand that although this Authorization is granted, WesternU is under no obligation whatsoever to use the Images.

I understand and agree that the Images may be used in any manner or media without obligation to me, including but not limited to the Images being copied/reproduced and distributed by means of various media, including, but not limited to, video presentations, simultaneous television broadcast/rebroadcast, live-streaming, radio transmission, social media, news releases, mail-outs, emails, billboards, signs, brochures, placement on websites and/or other electronic delivery, publication, display, or promotion on any and all other media. I further understand and agree that the Images may be subject to reasonable modification or editing. I acknowledge that WesternU has the right to make one or more copies, photographs, audio recordings, videotapes, or other electronic reproductions of the Images in accordance with this Authorization for Use of Image, Voice and Likeness (hereinafter referred to as "Authorization").

I waive any right to inspect or approve the finished product or material in which my Images are used. I hereby grant permission and irrevocably assign to WesternU all rights, title, and interests in and to the Images, in whole or part, throughout the universe, in perpetuity, in any medium now known or hereafter developed, and to license others to so use in any manner WesternU may determine in its sole discretion, without any obligation to me.

I hereby agree to release and hold harmless WesternU and its employees, agents, representatives, contractors, and personnel who are acting on behalf of WesternU, including any firm publishing and/or distributing the finished product or Images in whole or in part, from and against any claims, damages or liability arising from or related to the Images or other statements made or materials used in conjunction with the Images. I hereby waive any moral, false light, privacy, misuse, and publicity rights that I may have in connection with the Images and any uses thereof. This Authorization shall be binding upon my heirs, successors, assigns, and legal representatives. This Authorization is governed in accordance with the laws of the state of California.

I understand that, although WesternU will endeavor to use the Images in accordance with standards of good judgment, WesternU cannot warrant or guarantee that any further dissemination of the Images will be subject to WesternU supervision or control. Accordingly, I release WesternU from any and all liability related to such further dissemination, reproduction, distribution and/or display of the Images, and any alteration, distortion or illusionary effect of the Images, whether intentional or otherwise, in connection with said use. I understand that I may not withdraw my permission for use of the Images which was granted in this Authorization.

[signature page to follow]

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I have read and understand the terms and conditions of this Authorization and agree to such terms and conditions.

Signature	Date	Phone
Printed Name	Address	City/State/Zip

Please check if applicable: ☐ I am eighteen (18) years of age or older.

Consent of Parent/Legal Guardian if above individual is a minor: I am the parent and/or legal guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf .

Signature	Date	Phone
Printed Name	Address	City/State/Zip

Consent of Legal Guardians of Adults acknowledge the following:

As the duly authorized legal guardian of the adult identified above, I acknowledge that the adult identified above has been determined to lack the capacity to independently provide informed consent. Acting within the scope of my legal authority, I hereby provide full consent and agree to the foregoing terms and provisions on behalf of the above named adult.

Legal Guardian (Full Name): _____ Signature: _____ Date: _____