

MEDIA RELEASE AGREEMENT

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I, (model name) _____ hereby grant permission to Sonoran University (and organizations affiliated with Sonoran University, including but not limited to, Sonoran University Medical Center, Neil Riordan Center for Regenerative Medicine, any of the Sage Foundation Community Clinics, etc. These aforementioned affiliate relationships will be included as a part of 'Sonoran University' noted below for the remainder of this agreement.) to photograph; interview and/or video me.

- I understand that photographs/interviews/video tapes, or portions thereof may be used for public viewing, including but not exclusive to: school news programs; slide shows; presentations by employees at conferences and/or workshops; Sonoran University collateral materials, including magazines, handouts, websites and social media; Sonoran University created and distributed print, radio, TV, outdoor and digital media; and materials for grant/fundraising/donor purposes.
- I give my permission for my recording by video, audio and/or photograph to be posted on the Sonoran University web site and/or local TV and newspapers' websites.
- I agree to my participation without financial compensation, and I understand that this releases any photographer/interviewer at Sonoran University from any future claims, as well as from any liability arising from the use of said photograph/interview/video tape or portions thereof used for public viewing.

I understand and agree to this Media Release statement.

Name (*Print*) _____
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Signature _____ Date _____

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FOR DEPARTMENTAL USE

Project Description:

Date of Filming:

Notes: