



Multimedia Authorization and Release Form

The University of Kansas Medical Center (“KUMC”) publicizes and promotes its activities in various media formats for general educational use and for the general public in the areas of research, patient care, and service. To accomplish this goal, KUMC requests persons to authorize KUMC to record and to use their name, likeness, voice, and/or performance by any means of recording, including, without limitation, photography, video recording, and/or quoted statements.

In the interest of furthering the above purpose, the undersigned agrees as follows:

- 1) To authorize KUMC to record my name, likeness, voice, and/or performance by any means of recording, including, without limitation, photography, video recording, and/or quoted statements, made as a result of

- 2) To authorize KUMC to use my name, likeness, voice, and/or performance by any means of publication, including, without limitation, publication in the form of published media articles, videos, newsletters, brochures, websites, Facebook, Twitter, Instagram and other social media channels owned or operated by KUMC or a media outlet;

- 3) To not receive any consideration, including, without limitation, royalties and/or payments from KUMC or its related entities for such recordings and use by KUMC of my name, likeness, voice, and/or performance in any publication;

- 4) KUMC has all rights, title, and interest to, and the undersigned hereby assigns to KUMC any rights of the undersigned to any recording and any use of the recording made pursuant to this form, and KUMC is authorized to control distribution, editing, and use of such recording; and

- 5) To release and hold harmless KUMC, KUMC’s related entities, and their agents, personnel, trustees, directors, officers, and employees against any and all claims for loss, damages, or injuries as a result of participating in the activities anticipated by this form, including, without limitation, the recording, use, and publication of the name, likeness, voice, and/or performance of the undersigned.

Name (Print): _____	Address: _____
Signature: _____	Phone: _____
Date: _____	Email: _____
<u>IF COMPLETING ON BEHALF OF A MINOR:</u>	
Parent/Guardian Name (Print): _____	Relationship to Minor: _____
_____	_____

Instructions for KUMC employees using this form: Provide a copy of the completed form to the individual, then scan and email to kumc-comms@kumc.edu for the Office of Communications to store. In your email, describe how and where this will be used.