

**University of Florida MD-PhD Training Program
Photography Release Waiver Authorization**

I hereby grant permission to photograph my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to the MD-PhD Training Program to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by the MD-PhD Training Program for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the MD-PhD Training Program may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the MD-PhD Training Program's use or publication of photographs of me and/or those of my minor children (if applicable).

I hereby fully and forever discharge and release the MD-PhD Training Program from any claim for damages of any kind (including, but not limited to: invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of me and/or those of my minor children (if applicable) by the MD-PhD Training Program, and covenant and agree not to sue or otherwise initiate legal proceedings against the MD-PhD Training Program for such use or publication on my own behalf or on behalf of my minor children. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor children (if applicable).

Signature

Print Name

Date