

# Media Consent Form

## TTUHSC Communications and Marketing

I understand that Texas Tech University Health Sciences Center (TTUHSC) wishes to take photographs, videos, and/or audio of me (“product”). This product may be used in communications and marketing collateral and in other initiatives to promote TTUHSC, as related to its mission and vision. The product may appear in news media, print and/or digital media, including social media, podcasts or other media and venues.

I waive the right to inspect, approve or receive compensation for the product or the written copy that may be used in conjunction therewith. I understand that TTUHSC will be the sole owner of all the rights and interests in the product, and shall have the sole right to use and license others to use the product in all media now existing or hereinafter created or conceived, worldwide in perpetuity, without any financial remuneration to me or my heirs, executors and/or administrators. I agree that I have no claim, nor will I assert any claim in the future, to any rights, titles, or interests of any kind in or to the product.

Name (First, Middle, Last)

Date \_\_\_\_\_

Telephone number

Email address

Gender (please select one) Male                      Female                      Prefer Not to Answer

Preferred pronouns:

Signature

Parent/Guardian Signature (