



Photo Consent Form

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR PUBLIC USE OF IMAGE (PHOTOGRAPH OR TAPE) TO SAMUEL MERRITT UNIVERSITY.

I hereby give my consent to participate in a promotional story, advertisement and/or image (photograph and/or videotape) made for Samuel Merritt University (SMU) (or the person named below, for whom I am giving consent). I have been told that this story, advertisement and/or image (photograph or videotape) may appear in the public media, including print, internet and/or broadcast media. I have been told that this story, advertisement and/or image (photograph and/or videotape) may be used more than once for promotional purposes by SMU.

Subject Name (Please Print)

Date

Program

Phone

Email

I have been informed that once information is disclosed it may no longer be protected by federal privacy regulations. I have been informed that this authorization is voluntary and hereby waives any right to compensation and holds SMU harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

I understand that I may revoke this authorization at any time by notifying:

in writing:

Samuel Merritt University
Office of the President - Media Relations Office
Suite 2840, Oakland, CA 94609

by contacting:

Elizabeth Valente, Associate Director of Publications and Media Relations at 510.869.6243.

The revocation will not affect any actions taken before the receipt of this written notification.