

## Photo and Video Release Form

I consent to and authorize the use of any and all photographs, images, videotapes, audiotapes, electronic digital recordings, or electronic transmissions made of me by the University at Buffalo School of Pharmacy and Pharmaceutical Sciences (SPPS) personnel or the designees of SPPS for the purposes of publication, display, broadcast (print, web, digital display and all other forms of media, including social media), or to use in the SPPS instructional program, the instructional programs of other institutions as authorized by SPPS, or in SPPS scholarly works. I agree that such interviews, recordings, articles, quotes, photographs, images, films, audio or video or digital recordings, and/or any reproductions of same in any form are the property of the University at Buffalo and I relinquish any present or future claim for reimbursement for said photographic or film reproduction of my likeness or for the said testimonials by me.

I hereby release the University at Buffalo, its affiliates, employees, representatives and agents from any and all claims, demands, costs, and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above, arising out of being interviewed, recorded, photographed, videotaped or filmed. I acknowledge I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it and understand it.

Please alert the photographer if you do not wish to have your photograph or video taken.

Signature:	_Date:
First Name (Print):	
Last Name (Print):	
Signature, parent or guardian:	
(if under 18 years of age)	
First Name (Print):	
Last Name (Print):	

Please return to SPPS Office of Communications, 288 Pharmacy Building