

**University of Arizona
Speech, Language, and Hearing Clinic
PHOTO RELEASE FORM**

From time to time, pictures may be taken of UA undergraduate/graduate students, facilitators, and community members who are participating in Living Well With Hearing Loss programs. Permission to use pictures is voluntary.

I grant Permission to the Arizona Board of Regents, on behalf of the University of Arizona and its agents or employees, and programmatic partners, to use photographs taken of me on the date(s) and at the location listed below for educational purposes. These may be used in department or clinic publications such as clinical service brochures, newsletters, and magazines, and I further give permission to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on University websites or other electronic form or media without notifying me.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I understand these images will not be used for commercial gain, but to support the mission of The University of Arizona and the Adult Audiologic Rehabilitation Program.

I hereby agree to release, defend, and hold harmless the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

UA Speech Language Hearing Building
Location of Photo

Date

Name (Please print)

Signature

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 I would prefer NOT to have my picture taken during the Living Well with Hearing Loss Classes