

CONSENT FOR PHOTO / PROMOTIONAL RELEASE

I, the undersigned, hereby authorize Loyola University Chicago and its affiliates and subsidiaries, including but not limited to Loyola University Health System and Loyola University Medical Center, as well as their trustees, directors, officers, agents, and employees (hereinafter collectively referred to as Loyola), and/or authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media:

1. To obtain background information, whether general or educational.
2. To record the participation and/or appearance on video tape, audio tape, film, photograph or any other medium; and/or
3. To use the name, likeness, and/or voice in connection with the information and recordings identified in paragraphs 1 and 2 above; of

I also authorize Loyola, and/or authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media to duplicate, distribute, use and/or publish, in whole or in part, without restrictions or limitations, and in all mediums, including, but not limited to, magazines, newspapers, periodicals, radio, television, the World Wide Web, and other news and educational media, the information and recordings identified in paragraphs 1-3 above.

I further expressly release Loyola and the authorized representatives of magazines, newspapers, periodicals, radio, television, and other news and educational media from any and all claims, demands, liabilities, actions, causes of action, suits, and costs whatsoever that I/we may have against any of them in connection with the recording, duplication, distribution, use, and/or publication of the information and/or recordings identified in Paragraphs 1-3 above.

Name: _____

Address: _____

Telephone: _____

Signature: _____

Parent/Guardian Signature (if under 18) _____

Witness Signature: _____

Date: _____

Description/Event: _____



Preparing people to lead extraordinary lives