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| **Model/Subject:** | [Model/Subject’s Name] |
| **Model/Subject’s address:** | [Model’s address] |
| **Model/Subject’s Contact Number:** | [Model’s Contact Number] |
| **Date:** | [Date] |

I, [Your Name], hereby provide my consent to be interviewed, recorded, photographed, videotaped, or filmed by representatives of the University at Buffalo, The State University of New York, School of Medicine and Biomedical Sciences for the purpose of publication, display, or broadcast in various media forms (including print, web, digital display, and others).

I agree that the interviews, recordings, articles, quotes, photographs, films, audio or video, and/or any reproductions of the same in any form shall be the property of the University at Buffalo. I relinquish any present or future claims for reimbursement for the photographic or film reproduction of my likeness or for any testimonials given by me.

By signing this release, I hereby release the University at Buffalo, its affiliates, employees, representatives, and agents from any and all claims, demands, costs, and liabilities that may arise from the use of these interviews, recordings, photographs, videotapes, or films, and/or any reproductions of the same in any form, as described above. This release applies to any claims arising out of being interviewed, recorded, photographed, videotaped, or filmed.

I acknowledge that 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 fully understand its contents.

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| --- | --- | --- | --- | --- |
| [Current Date] |  | [Your Name] |  | [Your Signature] |
| **Date** |  | **Name** |  | **Signature** |