Model Authorization Release Form
For photographs, interviews, audio, podcasts and video recordings

Date: _______________ Phone: ___________________ Email: ______________________________

Printed name of individual: __________________________________________________________

Printed name of parent/legal guardian of model (if applicable): ____________________________

Agreement:
I voluntarily give my permission to UT Health San Antonio to record me (or my child or an individual to whom I provide guardianship) on video, audiotape, photographic film or digital prints, or any other medium including social media and podcast host platforms.

I authorize the use of my (or my child’s or an individual to whom I provide guardianship) name, likeness, voice and biographical material at UT Health San Antonio’s publications and website - to include electronic and printed magazines, brochures, newsletters, and the internet and its social media (e.g., Facebook, Twitter, Instagram, Podcast Platforms, etc) - as well as in its dissemination of information to the news media - for publicity for the university and its programs.

I give UT Health San Antonio the right to exhibit or distribute such representations, in whole or in part, without limitations, for any educational purpose that UT Health San Antonio and those acting under its authority, deem appropriate.

I understand that I may withdraw or revoke my authorization at any time and such revocation must be given to UT Health San Antonio in writing. If I withdraw my permission, my image/information may no longer be used or released for the reasons covered by this authorization. However, I understand that any release made prior to revocation may remain in the public domain.

I further acknowledge that no special favors, payment or any other compensation has been or will be promised to me for agreeing to this authorization.

Signature of individual (model), Parent or Legal Guardian of model:

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Updated: 1/29/2020