Permission to Photograph & Film

Participant’s name: ________________________________________________

The UC San Diego School of Medicine is hereby granted permission to photograph and film the undersigned and to use prints and productions derived therefrom for official UC San Diego School of Medicine web sites (including but not limited to the UC San Diego School of Medicine Web Portal), and for promotional purposes without limitation. This consent is given as a voluntary courtesy and with the understanding that no compensation will be paid to me by UC San Diego School of Medicine for such use. This consent is given in perpetuity from the date written below.

_____________________________  ________________________________
Signature of Participant, Date / Signature of Parent/Guardian if Student is a Minor, Date

_____________________________
Print First & Last Name