



u.s. international health alliance
Photograph/Media Consent and Release

I hereby consent and authorize an employee or agent of U.S. IHA/Asociacion Alianza de la Salud to take photographs or motion pictures of me; or to produce videotapes, closed-circuit television programs, web casts, or other types of media productions that capture my name, voice and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form.

I authorize U.S. IHA/Asociacion Alianza de la Salud to copyright the Materials, and I authorize them to use, reuse, copy, publish, display, exhibit, reproduce, license to a third party and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but are not limited to university publications, catalogues, articles, magazines, recruiting brochures, websites or other electronic forms of media, and to offer the Materials for use or distribution in other publications, electronic or otherwise, without notifying me.

I also agree that U.S. IHA/Asociacion Alianza de la Salud may identify me by name, course of study, and such other identifying information such as class year, graduation date, hometown, etc. **(If the person does not want to be identified by name, etc. please have them cross through this sentence and initial here.)** _____

I agree that I am participating on a voluntary basis, and I will not receive any payment from U.S. IHA or the Asociacion Alianza de la Salud for signing this release or as a result of any publication of the Materials.

Signature: _____ Date: _____

Print Name: _____

Address: _____

(The following to be signed if the person in the Materials is under the age of 19)

I am the parent or guardian of the person whose image appears in the Materials, and I give my authorization and consent on his/her behalf.

Signature: _____ Date: _____

Print Name: _____

Address: _____ v