TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Consent and Release to Use Likeness

I understand that Texas Tech University Health Sciences Center (TTUHSC) wishes to capture my likeness, including photographs, videos, audio recordings, and any live or recorded streaming of me ("Likeness"). I grant TTUHSC permission to use my Likeness for educational, operational, informational, promotional, marketing, or any other purposes that align with TTUHSC's mission and vision. The Likeness may appear in various formats, including news media, print and digital publications, websites, social media, and live or recorded streaming broadcasts.

I waive the right to inspect, approve, or receive compensation for the Likeness or any related written copy that may be used in conjunction therewith. I understand that TTUHSC will solely own all rights and interests in the Likeness, including the right to use and license others to use the Likeness across all media platforms, both current and future, globally and in perpetuity, without any financial remuneration to me or my heirs, executors, or administrators. I agree that I will not assert any future claim to rights, titles, or interests in the Likeness. I also acknowledge that this authorization includes permission for TTUHSC to use the Likeness in collaboration with third-party partners, provided that such use aligns with the stated purposes of this consent form. TTUHSC is not responsible for any unauthorized or unintended use of the Likeness by third parties once it is publicly released.

I understand that I may revoke this consent by providing written notice to the department that requested to use my Likeness. Revocation will not apply to any uses of my Likeness that were made before the receipt of the revocation notice.

I understand that TTUHSC is committed to protecting my personal data and will handle any recordings or images in compliance with university data privacy policies.

I confirm that my participation is voluntary, and I understand the terms and conditions outlined above.

*Please note that signing this consent form does not guarantee that your Likeness will be used.

Name (First, Middle, Last) _____

Telephone number _____ Email address _____

Sex (please select one) Male Female Prefer Not to Answer

_____

Signature _____ Date _____

Parent/Guardian Signature (*Signature of parent/guardian is needed if the above individual is a minor).*

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