



## MEDIA RELEASE FORM

The undersigned hereby transfers and grants to the Indiana University School of Medicine and the Indiana University Board of Trustees the exclusive right to use and to authorize others to use all or any part of my (his/her) name / interview / photograph / video recording / audio recording / presentation in print or Web/Internet publication, podcast, other programs or articles on (identify topic, event or other reason for recording):

\_\_\_\_\_

The undersigned also hereby transfers and grants to the Board of Trustees of Indiana University the right to use all or any part of my (his/her) name / interview / photograph / video recording / audio recording / presentation in related media such as books, magazines, journals, pamphlets, electronic (Internet) and other printed/video/audio and electronic/digital formats. The undersigned also hereby releases the trustees, its member trustees, officers, employees and agents from any and all claims, demands, causes of action, and suits, including, but not limited to, claims for invasion of privacy, defamation, breach of contract, or other breach of duty arising out of or in connection with the use of this interview / photograph / video recording / audio recording / presentation.

Printed name of participant \_\_\_\_\_

Signature of participant \_\_\_\_\_

Date \_\_\_\_\_

Location of event/interview/recording \_\_\_\_\_

If a participant is under 21 years of age, a parent or guardian must sign this form.

Signature of guardian \_\_\_\_\_

Date \_\_\_\_\_

Please return completed forms to:

Indiana University School of Medicine  
Office of Strategic Communications  
Health Information and Translational Sciences Building  
410 W.10th St., Suite 0030  
Indianapolis, IN 46202  
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