

Statement of Release

I hereby give Baylor College of Medicine, or anyone authorized by Baylor College of Medicine, absolute permission to copyright, use, re-use, publish and/or re-publish, in print, electronic or any other format, the still or motion picture photographs, electronic recordings, and/or other illustrations of

type or print name of person/subject

in whole or in part, without restriction as to changes or alterations for the purpose of education, publicity, art, advertising, trade, news, or any other purpose whatsoever.

I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or printed matter that may be used in connection therewith or the use to which it may be applied.

I am of full age and have every right to contract in the above read. I have read the above authorization prior to its execution and I am fully familiar with its contents.

Signature of Person/Subject _____ Date _____

Relationship (if applicable, for minors) _____

Address _____

Witness Signature _____