

## Photo Release Consent Form

I hereby grant full permission to WVU and its Health Sciences Center to use my likeness and name (if necessary) with a photograph in any publication or advertising materials (printed or electronic), including website entries. This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and name.

I hereby hold harmless and release and forever discharge WVU from all claims, demands, and causes of action which I have or may have by reason of this authorization.

\* Please note at anytime you may change your photo consent status within SOLE, however, photos already taken prior to this change cannot be rescinded. The HSC Online Directory photo will be taken offline immediately, however, printed publications or internet caching of the photos will continue to exist.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_