

RELEASE

I authorize the photographing, recording and unlimited use of my likeness (including my name, voice and/or image) for commercial, promotional or other use, in any medium, by UofL Health, Inc. and its affiliates, including without limitation, University of Louisville, University of Louisville Physicians, Inc., University Medical Center, Inc., d/b/a University of Louisville Hospital and Brown Cancer Center, UofL Health – Louisville, Inc., and UofL Health – Shelbyville, Inc., and their photographers and videographers (collectively, “UofL Health”).

I waive all rights of attribution, inspection, or approval for any use of my likeness. I agree to hold UofL Health and its executives, directors, employees, contractors, agents, and representatives harmless for any liability, legal and/or financial, incurred as a result of said use.

I waive any right to royalties or other compensation arising from or related to the use of my likeness. All right, title, and interest to any photographs, recordings, and any other materials using my likeness shall be the sole property of UofL Health, Inc. I shall have no interest in any such materials nor shall I have any right to use the name or trademarks of UofL Health, without their respective written permission.

I have read this release before signing below, I understand the contents, and I agree that I have the right to execute this Release and to grant the rights described above.

Name (Print)	Signature	Date
Legal Representative Name (Print) (if applicable)	Signature	Date
Legal Representatives Relationship to Signer		