University of California, San Francisco

Consent to Release
Recorded Audio/Video Material

Participant Name ______________________________________________

Program or Event ______________________________________________

Date of Recording ___________________________________________

Approximate Running Time _____________________________________

Audio Recording
Motion Picture
Video Recording

I hereby give my consent to The Regents of the University of California to record my participation in the program or event described above.

Further, I hereby transfer and assign to The Regents the exclusive right to use and to authorize others to use all or part of my participation in said program or event for all purposes including University outreach programming and public information within the University of California.

Further, I agree to indemnify and hold harmless The Regents from and against any and all claims and demands whatsoever including but not limited to claims or demands arising from infringement of copyright, proprietary right of claims of libel, obscenity or invasion of privacy that may arise out of any part of my participation in said program or from any breach or warranties or representations herein contained.

Dated this _____ day of _________________________, 20 ___

Signed (Participant's Signature)