



CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE FOR NON-PROFIT USE

I do hereby authorize _____ and Johns Hopkins University,
(Your Organization)
International Vaccine Access Center and those acting pursuant to its authority to:

- a. Record my participation and appearance on videotape, audio film, photography or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recordings using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any educational purpose which Johns Hopkins University, International Vaccine Access Center, and those acting pursuant to its authority deem appropriate.
- d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge Johns Hopkins University, International Vaccine Access Center, its successors and assigns, its officers, employees and agents, and members from any and all claims and demands arising out of or in connection with the use of such photographs, film, or tape, including but not limited to any claims for defamation or invasion of privacy.

I hereby consent to the release of said videotape, audio tape, film, photograph or any other medium for the above-stated purposes and in accordance with terms stated above.

Name _____

Address _____

City/State/Country _____

Phone Number _____

Signature _____

Parent/Guardian Signature (if under 18) _____

Date: _____