



GENERAL USE PHOTO AND VIDEO RELEASE

I agree to give Yale University permission to record my image and/or voice and grant Yale University all rights to use these sound, still, or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the University.

I agree that all rights to the sound, still, or moving images belong to Yale University.

SUBJECT NAME

SIGNATURE

PARENT/GUARDIAN SIGNATURE (FOR MINORS)

DATE **CONTACT PHONE OR EMAIL (OPTIONAL)**

FOR OFFICE USE

PROJECT NAME **OFFICE STAFF CONTACT**

THIS FORM IS NOT FOR USE WITH PROTECTED HEALTH INFORMATION (PHI).
FOR ANY CLINICAL OR PATIENT NEEDS, USE THE HIPAA MEDIA RELEASE FORM. FOR QUESTIONS, EMAIL YSM.EDITOR@YALE.EDU.