

**Southern Illinois University**  
**Consent and Release for Use of Information and Images**

I, \_\_\_\_\_, on behalf of myself, (or if applicable, on behalf of \_\_\_\_\_) hereby consent and give permission to the Board of Trustees of Southern Illinois University, governing Southern Illinois University Carbondale and the Southern Illinois University School of Medicine, and its Simmons Cancer Institute at SIU, as well as the Southern Illinois University Foundation (collectively "SIU") to use, reproduce, publish, distribute, broadcast and exhibit my photograph(s), image, likeness, by still or moving pictures, digital photographs or recordings, videotape, or other media (including the Internet) for uses related to public advertising, promotion, or other purposes, including, without limitation, for use in presentations for fundraising purposes. I also understand and agree that SIU may, at its discretion, reasonably edit, crop, or otherwise alter such images, or depictions. I further understand and agree that such photographs, and/or other recordings and all copyrights and all other rights and interests therein shall be owned exclusively by SIU. I authorize the use of these images recordings and information without compensation to me.

I understand that granting this permission is voluntary.

I understand that in authorizing the release of such photographs, images, recordings, and/or depictions other individuals that are known or unknown to me may become aware of certain health information about me and/or family members or friends that might otherwise be private or unknown.

I hereby expressly release SIU, its employees and agents, from any and all claims or demands that I might have against any of them to any remuneration or damages in connection with the use of the photographs, images, likeness, recordings, depictions, and the like or information referred to herein.

This authorization to release the photographs, images, likeness, recordings, and/or depictions shall remain valid for ten (10) years from the date of this authorization, unless otherwise noted by me herein:

I understand that I can revoke this authorization at any time by submitting a written revocation to:  
Simmons Cancer Institute at SIU School of Medicine  
315 W. Carpenter PO Box 19677  
Springfield, Illinois 62794-9677

I understand that revoking this authorization will have no effect on disclosures that have already occurred before my written revocation is received by SIU. I also understand that once publications that include my photographs, images, likeness, recordings, and/or depictions have been distributed, those uses, presentations, publications, or other releases cannot be withdrawn from circulation. I understand that once the photographs or other information is released pursuant to this authorization, the information might be redisclosed.

If applicable, I understand that I may refuse to sign this authorization and that my refusal to sign will not affect or impact the ability to obtain treatment at SIU.

I HAVE READ AND UNDERSTAND THIS CONSENT AND RELEASE AND UNDERSTAND IT IS A RELEASE OF LEGAL RIGHTS. IF I AM SIGNING THIS FORM ON BEHALF OF ANOTHER PERSON, I AM LEGALLY AUTHORIZED TO CONSENT ON THAT PERSON'S BEHALF, OR IF APPLICABLE ON BEHALF OF THAT PERSON'S ESTATE.

IN WITNESS WHEREOF this consent and release is executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Date

**WITNESS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date