



Media Consent and Release Agreement

Please select all that apply:

- ☐ I am being photographed, recorded, or interviewed by ETSU, ETSU Health (consisting of ETSU and Medical Education Assistance Corporation), and/or the ETSU Foundation (includes video, photo, audio, or written testimonial captured by university personnel or someone acting on the university's behalf).
- ☐ I am voluntarily submitting media content to ETSU, ETSU Health (consisting of ETSU and Medical Education Assistance Corporation), and/or the ETSU Foundation (such as photos, videos, audio, or written content for use as described in this form).
- ☐ I appear in media submitted by someone else to ETSU, ETSU Health (consisting of ETSU and Medical Education Assistance Corporation), and/or the ETSU Foundation (such as group photos or shared videos in which I am recognizable).

Duration

This release is valid indefinitely unless I revoke it in writing. Revocation will apply only to future uses and not to content already published, archived, or scheduled.

Types of Covered Media

This release applies to all forms of media now existing or in the future created, including, but not limited to:

- Photographs, digital images, and renderings
- Video and livestream content
- Audio recordings and voice clips
- Written testimonials, interviews, or quotes
- Social media content, stories, and reels
- Any content where my name, image, or likeness (NIL) is identifiable

Voluntary Submission of Media

If I am submitting media to ETSU, ETSU Health, and/or the ETSU Foundation (including images, videos, sound, written content, etc.), I confirm:

- I am the owner of the content and/or I have received the necessary permissions to submit this content.
- I grant ETSU, ETSU Health, and the ETSU Foundation a non-exclusive, royalty-free, perpetual, worldwide license to use, modify, display, distribute, and publish this content in any format, in any manner, or on any platform.
- I understand that ETSU, ETSU Health, and the ETSU Foundation may use the submission for marketing, promotional, educational, editorial, or social media purposes.

Rights and Compensation

I understand and agree:

- ETSU, ETSU Health, and the ETSU Foundation may edit, crop, caption, format, or otherwise edit the content without materially altering its meaning.
- I will not receive compensation, royalties, or approval rights for the use of content featuring me or submitted by me.
- ETSU, ETSU Health, and the ETSU Foundation are under no obligation to use submitted or recorded content.

RELEASE AND INDEMNIFICATION

I hereby fully release and discharge East Tennessee State University, Medical Education Assistance Corporation, and the ETSU Foundation, and their officers, agents, servants and employees; the East Tennessee State University Board of Trustees; and the state of Tennessee and its employees, officers and agents, from any and all claims, losses, and damages for which I may have or which may accrue to me from the use of the media, including but not limited to any claims for invasion of privacy, defamation, or copyright infringement.

I agree to indemnify and hold harmless ETSU, MEAC, and the ETSU Foundation from any and all claims, losses, and damages, including but not limited to any and all claims, demands, actions, cause of actions, damages, losses, injuries, costs, expenses, and attorney's fees, that result from, arise out of, or are related to the use of the media.

Participant Name (Printed): _____

Signature: _____

Date: _____ Phone: _____

Email: _____

If submitting media for ETSU's use, please provide a brief description of the content submitted:

If the Participant is under the age of 18, a parent or legal guardian must sign below.

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____

Relationship to Minor: _____

Date: _____ Phone: _____

Email: _____