



# Authorization for video, audio, recording, and photographic participation and interviews of presenters in connection with grand rounds and/or cme or other educational conferences



Subject's Name: Kayleigh Miller

Address: \_\_\_\_\_

Telephone: (412) 216-7971 E-mail: doddke@upmc.edu

This authorization pertains to a specific project, request, event and/or use (specify):  
ASRT Lecture

This authorization does not pertain to a specific request, project, event and/or use.

I authorize UPMC to photograph (still photo, film, videotape, or digital imagery/video), record (audiotape or digital) and/or interview me, using either a UPMC staff photographer/videographer and/or reporter, or a photographer/videographer and/or reporter approved by UPMC. I understand that UPMC, and in some cases the organization with which it has partnered, has / shall have all legal rights to the photography/ recording(s) / interview(s) and that I give up any and all rights to these organizations and will not receive any payment or compensation for the same now or in the future. I understand the photography/ recording(s) / interview(s) may be used for publicity, education, or public information by UPMC and that the photography / recording(s) could appear on UPMC's website and/or elsewhere on the Internet. I hereby release and discharge UPMC, its subsidiaries, and its and their employees, agents, and representatives from any claims, liability, or results caused by the use of such photography/recording(s) and/or interview of me as provided herein.

I understand that I will not receive any special services or compensation in exchange for my agreeing to sign this authorization.

I understand that I may revoke this authorization at any time by providing written notice to UPMC addressed to:

UPMC Marketing Communications, 600 Grant St. Floor 57, Pittsburgh, PA 15219. However, such revocation shall not affect UPMC's right to use information, photography / recording(s), and / or interviews made or obtained prior to my revocation of this authorization.

Subject's Signature: Kayleigh Miller Date: 6/23/22

Witness's Signature: Barbara Barry Date: 6/23/22

The subject is unable to consent on his/her own behalf because \_\_\_\_\_

I am the authorized representative of the subject, on the following relationship or basis \_\_\_\_\_ and hereby provide such authorization on behalf of the subject.

Signature of Subject's Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

