



**(Minor)**

**Site:** \_\_\_\_\_

**Interns:** \_\_\_\_\_ **School:** \_\_\_\_\_

### **AUTHORIZATION AND RELEASE**

Bridging the Gaps is a program of several Universities/Academic Institutions/ Academic Health Centers\* (hereinafter both collectively referred to as "Bridging the Gaps").

I, \_\_\_\_\_, on behalf of my minor child, \_\_\_\_\_, hereby agree to allow Bridging the Gaps, its sponsoring Universities/Academic Institutions/ Academic Health Centers and any of its authorized agents or contractors to record, video and/or photograph my child's likeness and voice. I understand that any such recording, video and/or photograph belong to Bridging the Gaps and that neither I nor my child will receive any payment or other compensation in connection with such recording, video or photograph. I also consent to my child being interviewed and I authorize the use of any information disclosed during such interview.

I hereby give Bridging the Gaps its sponsoring Universities/Academic Institutions/ Academic Health Centers, its students, employees, agents, successors, assigns, and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video, photograph or interview of my child. I understand that said recording, video, photograph or interview may be used in any media, including reproductions on the World Wide Web, in conjunction with any printed or electronic matter, and in connection with any efforts publicizing, promoting or otherwise directly related to the objectives of Bridging the Gaps.

I understand that I may revoke this authorization at any time, in writing, and that no further recording, video, photographs or interview of my child will be taken. However, such revocation will have no effect on any recording, video, photograph or interview already taken, which may still be used for the purposes described above.

I agree that personal satisfaction is sufficient consideration for this authorization and release and, on behalf of myself and my child, I waive any payments, royalties or other compensation. Intending to be legally bound, for myself, my child and our respective heirs and assigns, I hereby release Bridging the Gaps and the participating Universities/Academic Institutions/Academic Health Centers, and their respective trustees, officers, employees, students, agents and assigns from any and all liability, and waive any and all claims or demands that I may have against any of them for damages or remuneration, in connection with the use of my minor child's likeness in the manner and for the purposes described in this authorization and release.

I represent and warrant that: I have read the foregoing authorization and release, I fully understand its contents I have the authority to contract on behalf of the minor named below for purposes of this authorization and release, and I am signing it voluntarily.

\_\_\_\_\_  
**Signature (Parent or Guardian)**

\_\_\_\_\_  
**Date**

**Print Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

\*Participating Universities/Academic Institutions/Academic Health Centers: Bryn Mawr College, Cooper Medical School of Rowan University, DeSales University, Drexel University, Lehigh Valley Health Network, Temple University, Thomas Jefferson University, University of Pennsylvania, University of Pittsburgh, and Lake Erie College of Osteopathic Medicine, Uniformed Services University of the Health Sciences.