

**SPEAKER AUTHORIZATION FOR USE OF  
IMAGE, VOICE, PERFORMANCE OR LIKENESS FOR EDUCATIONAL PURPOSES**  
The University of Texas Southwestern Medical Center

I, \_\_\_\_\_ (print name), permit and authorize UT Southwestern Medical Center ("UT Southwestern") and personnel who are acting on behalf of UT Southwestern, to create, obtain and/or use my name, photograph, audio or video recording or myself, my likeness, voice, and/or presentation materials (hereinafter collectively referred to as "My Likeness"), taken or made during a UT Southwestern seminar or presentation on or about \_\_\_\_\_ solely for instructional and/or educational purposes related to the educational mission of UT Southwestern. I agree UT Southwestern will have ownership of such materials, including the copyright, and the irrevocable, perpetual, and unrestricted right and permission to take, use, re-use, publish, and republish My Likeness, through any medium, including print media and the Internet, and in any and all media now or hereafter known. I acknowledge that UT Southwestern has the right to edit My Likeness, including without restriction any changes or alterations as to color, size, shape, perspective, context, foreground or background. I hereby waive any right that I may have to inspect or approve the finished product or products that may be used in connection with them or the use to which they may be applied.

I acknowledge that I will not receive any compensation for the use of My Likeness.

I may revoke this authorization at any time, except to the extent UT Southwestern has relied on this authorization, by sending a written statement of revocation that specifically refers to this Authorization to:

Office of Continuing Medical Education  
UT Southwestern Medical Center  
5323 Harry Hines Boulevard  
Dallas, TX 75390-9059

I hereby release UT Southwestern from any and all claims which arise out of or are in any way connected with such use, dissemination, reproduction, distribution, and/or display of My Likeness and I hereby release, discharge, and agree to hold UT Southwestern and its agents and assigns harmless from any liability. I hereby warrant that I am of full age and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I have understood the contents. This Authorization shall be binding upon me and my heirs, legal representatives, and assigns.

***I give my consent*** to UT Southwestern Medical Center to use My Likeness as described herein.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only

Event Title: \_\_\_\_\_  
Client: \_\_\_\_\_  
Producer: \_\_\_\_\_