



POLICY: Program use of likenesses, photographs, videos, audio recordings, or personal information

Bryant University and *PA Program* maintain an active marketing campaign, a website, as well as a social media presence. This is beneficial to the program and helps keep our clinical partners actively aware of what we do. As part of this practice we frequently collect material relevant to the program for publication. This may involve Images of our students and faculty.

As part of the day-to-day operation of the PA Program students may be recorded on photograph, audio, or video. These images may be shared as part of the general marketing of the program. As part of attendance in the program students grant Bryant University, The PA Program, its directors, officers, employees, agents, and designees (collectively "PA Program") non-revocable permission to capture images and likenesses in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). Students acknowledge that the PA Program will own such Images and further grant the PA Program permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to the PA Program business, including without limitation, publications, advertisements, brochures, web sites, or other electronic displays and transmissions thereof. Students waive any right to inspect or approve the use of the Image by the PA Program prior to its use. Students forever release and hold the PA Program harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

Students may opt out of this agreement at any time by notifying the Program Manager. Once a student opts out, no Images of that student will appear in any material related to the PA Program.

By my signature:

1. I am stating that I understand all of the information provided on this form.
2. I understand and agree that such likenesses of me may be placed on the Internet.
3. I understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me.

Student Printed Name

Student Signature

Date

Standard

ANNOTATION:

Review: 12/13/17

Medical Director

Director of Clinical Education

Forwarded for Approval: 12/14/17

Associate Program Director

Approved: 12/14/17

Program Director