

## **CONSENT & RELEASE FORM**

Government & Public Affairs

Date:
Location: Doha, Qatar
The undersigned, by his/her signature below, hereby gives permission to Weill Cornell Medical College in Qatar ("WCMC-Q") and Cornell University ("Cornell") as follows:
a. I agree to allow Cornell and WCMC-Q and their designees to take, use, publish, reproduce, photograph, exhibit, distribute, broadcast, film, videotape, edit and digitize my name, likeness, image, voice, recordings, photographs, written works and transcripts in any publication, film, telecast, social media webcasts, exhibition or any other form of publication for any purpose WCMC-Q and Cornell deem appropriate, consistent with applicable laws and regulations.
b. I hereby release Cornell and WCMC-Q and all persons acting under their permission and authority from any claim, liability, or obligation whatsoever in connection with the above uses including any and all claims for defamation, invasion of privacy or copyright infringement. I acknowledge that I have no right to any payment or royalties or other compensation and no right to enjoin development, production, distribution or exploitation described above.
c. This agreement and release shall be binding on me, my heirs, executors and assigns.
I DO NOT agree to the above release  Signature:  Shavon J. Hollinsworth  Print name:
Parent /Guardian signature (if student is under 18)
Print name:  Address:  Phone:
Witness: Reya Saliba Ryshill
Please complete and return to the Office of Government & Public Affairs WCMC-O