



VISITOR AND TALENT RELEASE

I, _____, as a visitor to Medical University of South Carolina Urban Farm, certify that I am: either covered under personal medical insurance, OR personally responsible for my own medical expenses, and in the event that I am injured or incur any medical claim in association with my visit, I agree that I will look solely to my own medical insurance for any claims, losses, or injuries, and that my heirs, and executors assign and hereby and forever discharge and agree to hold harmless Medical University of South Carolina (MUSC), its trustees, affiliated organizations, officers and employees from and against all claims, demands, suits, awards and judgments for any and all injuries, and/or activities on the MUSC property.

I realize that I will not be receiving any compensation from MUSC. I realize that if I am not covered under any accident and/or health insurance plan I fully accept and assume the risks of my activities at MUSC.

I also give MUSC Urban Farm permission to use and publish my likeness, photograph, and/or recording of my voice for use in program marketing materials in print or web format, advertising and any other marketing-related purpose, without payment or any other consideration. If I want to opt out, I will select the box below, and will assume responsibility for notifying the appropriate people and/or removing myself from photos or recording opportunities.

I hereby release MUSC Urban Farm and its legal representatives and assigns for all claims and liability relating to said photographs, likeness and voice recording. I grant permission to MUSC Urban Farm to use my statements given during an interview or conference session, with or without my name, for the purpose of advertising and publicity without restriction. I grant permission to MUSC Urban Farm to make minor edits or changes to my written statements in an effort to clarify my intended meaning, or to modify their length to fit within space constraints.

I waive my right to any compensation for use of photos, recordings or quotes in marketing materials. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

I am 18 years of age or older and am competent to contract in my own name. If under the age of 18, I will have consent signed by parent or guardian.

If you **DO NOT** wish for MUSC to use and/or publish you likeness, photograph, and or/recording of voice for any and all uses, please check the following box.
 By checking this box, I am stating that I DO NOT give MUSC permission to use photos or recordings of myself.

Signed: _____

Printed Name: _____

Name of Minor (if applicable): _____

Email Address: _____

Date: _____