University of Houston Tilman J. Fertitta Family College of Medicine
Media Consent Form

I hereby grant permission to the University of Houston Tilman J. Fertitta Family College of Medicine (hereafter "Fertitta College of Medicine") and its authorized representatives to record, photograph, and/or videotape me during educational activities, events or related sessions.

I understand and agree that these recordings may be used for educational, promotional, or informational purposes, including but not limited to:

- Inclusion in Continuing Medical Education (CME) materials
- Distribution on the Fertitta College of Medicine's intranet or official website
- Use in printed publications or digital media

I acknowledge that:

- I will not receive any compensation for the use of these materials.
- The Fertitta College of Medicine retains all rights to the recordings and may use them at its discretion.
- I have the right to revoke this consent at any time by providing written notice to the Office of Continuing Medical Education.

By signing below, I confirm that I have read and understood this consent form and agree to its terms.

Print Name: _____

Signature: _____ **Date**: _____