



Photo and Film Permission and Release Form

I hereby grant permission to Richard Medical Academy to use photographs and video taken of me at RMA related functions or from a scheduled photo shoot or videotaping/filming session on the Academy's website, RMA's social media accounts, or other RMA medium, and to offer the photographs and video to other RMA departments for use or distribution, without notifying me.

I hereby waive any right to inspect or approve the photographs, film, or any electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I waive any right to royalties or other compensation arising from or related to the use of the photographs and/or film. I hereby agree to release and hold harmless Richard Medical Academy, from and against any claims, damages or liability arising from or related to the use of the photographs and film, including but not limited to any reuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced during the production of the finished product.

I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the content, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: _____

Name: _____

Address: _____

Signature: _____

Email: _____

RMA Affiliation (check one):

- Student CNA PN RN
- Staff/Faculty
- Alumni