



MEDICAL ILLUSTRATION AND AUDIO-VISUAL SERVICES

**GENERAL MODEL RELEASE FOR NON-CLINICAL PHOTOGRAPHY
PATIENT/MEMBER OF THE PUBLIC/STAFF CONSENT**

Please read carefully and make sure that you are familiar with the contents and understand it before signing.

FULL NAME: _____
(BLOCK CAPITALS)

CONTACT DETAILS: _____

- I hereby confirm that I give consent for photographs ('material') to be made of me.
- I understand the material has educational value. I consent to the material being shown to appropriate professional staff and used in educational publications, journals, textbooks and used in any other form or medium, including all forms of electronic publication or distribution anywhere in the world. As a result, I understand that the material may be seen by the general public. All or part of the material may be used in conjunction with other photographs, drawings, videotape/ DVD/ CD images, sound recordings or other forms of illustration. Records will be safeguarded.
- I may view the material by arrangement with Sefako Makgatho Health Sciences University. However, once released, I realise that recovery of the material may not be possible. *I understand that no fee is payable to me by Sefako Makgatho Health Sciences University or any other person in respect of the material, either now or at any time in the future.*
- I confirm that I understand the purposes for which the material will be used. Refusal to consent will in no way affect my medical care if applicable.
- I the Patient/ Parent/ Guardian /Member of the Public/ Staff (please circle) agree with the above statement.

Signature: _____ Date _____

Witnessed by: _____
(BLOCK CAPITALS)

Designation: _____
(BLOCK CAPITALS)

Important: If the Model is under 18 year of age, a parent or legal guardian must also sign

parent/guardian: _____ date: _____