



## **CONSENT FORM FOR THE EXECUTIVE MBA/MS IN HEALTHCARE LEADERSHIP CLASS OF 2021**

### **CORNELL UNIVERSITY**

When you are on Cornell University’s campus for residential sessions, a professional photographer will be taking your photo. This photo will be used for your Cornell University Identification Card as well as in the Johnson photo directory. By signing this form you agree to allow the Executive MBA Office to release your photo to the Cornell University Registrar’s Office and to Johnson’s Office of Student Activities to be used for these purposes.

- I authorize the custodians of my ID image to release such information, upon request, to a recognized Cornell entity including the Cornell University Registrar’s Office and Johnson.
- I grant permission to the Samuel Curtis Johnson Graduate School of Management at Cornell University, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Johnson will not materially alter the original images. I agree that Johnson owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as university-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, so long as they represent the event or activity in which I agreed to participate. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.
- I release Johnson and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.
- I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Name (please print):

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Signature:

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Date:

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