

AUTHORIZATION FOR USE OF PHYSICAL LIKENESS

I, the undersigned (name and surname).....

,
working or being a student (give the name of the University, Faculty or other Institution you represent).....
.....
.....,

pursuant to art. 81 sec. 1 of Act of 4 February, 1994 on Copyright and Neighbouring Rights (Polish Journal of Laws of 2018, item 1191, as amended), I hereby consent to the free-of-charge fixation and dissemination of my physical likeness by the Warsaw Medical Academy in Warsaw and by third parties indicated by the University, in all forms, including audio, visual and audio-visual, for promotional and informational purposes regarding the promotion of the Warsaw Medical Academy in Warsaw. This authorization covers the dissemination of my physical likeness fixed in photos, films and audio recordings or parts thereof in all informative and promotional materials of the Warsaw Medical Academy in Warsaw, both in printed and digital form, including in the press, TV spots, on the University websites and other websites, including, in particular, on social networking websites, on mobile websites, posters, leaflets and other gadgets and promotional and informational materials of the Warsaw Medical Academy in Warsaw.

I consent to the dissemination of my physical likeness individually or in conjunction with other images, texts, comments, descriptions or any other content, also after they have been cropped, or in composition, in color and grayscale, without the need to approve my recordings or photos nor any alterations made to them.

This authorization is not limited in time or territory. However, I certify that I have been informed about the possibility of withdrawing this authorization and the right to access the materials on which my physical likeness has been fixed.

I declare that I grant this authorization voluntarily and at the same time I voluntarily relinquish any and all claims, including remuneration claims against the Warsaw Medical Academy in Warsaw, or against any third parties indicated by the University, for the use and dissemination of my physical likeness for the purposes indicated in this authorization.

Warsaw, (date)

.....

(Name and surname of the consentor)