



2019 PRE-JAMP/MEDICAL SYMPOSIUM

TALENT RELEASE FORM

For valuable consideration, I do hereby authorize The Texas A&M College of Medicine and The Joint Admission Medical Program (JAMP) and those acting pursuant to its authority to:

- a. Record my participation and appearance on video tape, audio tape, film, photograph, web or any other medium.
- b. Use my name, likeness, voice and biographical material in connection with these recordings.
- c. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which JAMP or the College of Medicine and those acting pursuant to its authority, deem appropriate.

Student/Guest(s) Name (print): _____

(Student) High School & Grade: _____

(Student) College & Year in School: _____

Permanent Address: _____

(Student) Email Address (print neatly): _____

Participant Signature: _____

Date: _____

Parent Signature (Under 18 only): _____

Contact Number (Cell or Home#) _____

Date: _____

Please email form to Mr. Vasquez: vasquez@medicine.tamhsc.edu, by 5pm Monday, April 15th.