



CONSENT FOR TAKING AND RELEASING PHOTOGRAPHS/VIDEOS

I hereby give permission to allow photographs / video of the following named person(s) to be used by the Simulation Department of Grand Valley State University ("GVSU") for medical education and information purposes and for promotion of the program.

Printed

Name(s) _____

I understand that these photographs / videos will be used only for promotion and/or educational and informational purposes and will not be used for entertainment purposes.

I understand and agree that said photographs / video, and any reproduction thereof, as well as all materials connected therewith and rights arising there from or there under, are the exclusive property of GVSU.

I understand that during the performance of any duties under this agreement, parts or all of the performance may be video or audio recorded for future educational broadcasts or otherwise used for educational or promotional purposes. I agree that all such intellectual property created as a result of their performance pursuant to this agreement is owned exclusively by GVSU and may be used in any available media format for promotion, instruction and / or illustration.

I hereby release GVSU from and waive any and all remunerative or residual rights, stated or implied, that could arise pursuant to performance under this consent and release.

I grant this consent and release as my voluntary contribution in the interest of health education and knowledge, subject to the condition that this consent and release is valid until I choose to revoke, such revocation would be affected only by my advising the Simulation Department in writing by registered mail, of my revocation and would become effective upon the date of actual receipt. I understand that my participation in this program is not contingent upon my signing this release.

Date _____

Signature _____

Witness _____