Consent for Release of Audiovisual Materials

UNIVERSITY OF MANITOBA
RADY FACULTY OF HEALTH SCIENCES
CLINICAL LEARNING AND SIMULATION PROGRAM

I hereby authorize the staff of the Clinical Learning and Simulation Program (CLSP) to take video and sound recordings.

I understand that these video and sound recordings are to be used for health care education. I understand that a copy of this audiovisual material may be provided to the preceptor, course director, course instructor, course administrator or standardized patient educator.

In instances when I have been provided access to a video and sound recording, I understand access is permitted provided: (1) only use these copies of the Material for own personal study; (2) do not copy or post the Material on any network computer, or broadcast or redistribute the Material in any media or through any other channel; and (3) do not modify or alter the Material in any way.

I hereby waive any right to approve the finished product or products that may be used with the video and sound recordings.

I understand that I will not be paid for the video and sound recordings.

I hereby waive all claims that I might have against the CLSP, Rady Faculty of Health Sciences, University of Manitoba, and their employees and agents, in any manner whatsoever relating to the said video and sound recordings.

I am over 18 years old.

I have read and consent to the above statements.

Date:

Name:

Signature: