****

Recording and Interviewing Authorization Release

*To add text to a field click on gray area and begin typing. To mark a checkbox, double-click the checkbox and choose Default Value 🡪 Checked. When form is complete save and email to the CCEHS conference coordinator who sent it to you.*

In order to assist Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (“D-H”) in the areas of education, teaching and public information, you, the undersigned or authorized individual, authorizes D-H and its agents or employees to interview and/or record in any format (written, audio, video, still photography, web, multimedia and all future forms) the person named and/or their original work described below.

Furthermore, the individual named hereby grants to D-H exclusive rights in perpetuity to use and to authorize others to use in any print and electronic media (present and future formats) its choice of interviews and images, voice and likeness and to use the individual’s name in connection therewith.

You have the right to revoke this consent at any time. If you do this, D-H cannot control possible re-disclosure by others after original distribution, but will end any distribution by D-H. You must contact the Center for Continuing Education in the Health Sciences (CCEHS) at D-H (phone 603-653-1234) to revoke consent. Refusal to sign this agreement will not prevent you from receiving treatment at D-H or receiving payment for services provided. In the event D-H receives income based on the use of the information authorized by this release, such funds are used to defray the costs of educational materials.

This authorization is granted to D-H and its affiliates: Geisel School of Medicine at Dartmouth; VA Medical Center, White River Junction, VT.

**Conference Title:**      

**Conference Date:**      

**Primary purpose/intent of authorization:**

**Participant Information:**

**Name (printed):**      

**Mailing address:**      

**City/state/zip code:**      

**Area code & Telephone number:**      

**Participant’s or Parent/guardian's Signature and Date:**        
*(For electronic responses, type your name here and then send electronically as an enclosure.)*

Check here if you decline this request.

One copy of this authorization form should be provided to the person authorizing consent and a copy should be forwarded to the Office of Public Affairs & Marketing for any presentations being put on the website. The original will be on file in the Center for Continuing Education in the Health Sciences.

[A media release protects your rights when you appear in media such as a photo, drawing, or a videotape. It also protects the rights of the creator of the media, such as the artist or photographer. A release is only valid when you give permission on the basis of informed consent. Informed consent means you understand what you are agreeing to.]

Updated: 9/24/14