

## Center for Learning and Professional Development Media Consent Form

I hereby consent to be interviewed and/or recorded in any format (written, audio, video, still photography, web, multimedia and all future forms) by Dartmouth Health, including its member organizations, Dartmouth Health Children's, Dartmouth Cancer Center and its agents, in order to assist in the areas of education, teaching and public information, in connection with the Continuing Medical Education (CME) and Continuing Nursing Education (CNE) office initiatives as described below.

**Conference or Presentation Title:**

**Conference or Presentation Date:**

**Primary Purpose/Intent of Authorization** (e.g., Live web stream and/or recording, and/or development of enduring material):

**Speaker Information:**

**Name:**

**Email Address:**

**Mailing Address:**

**City/State/Zip:**

**Telephone:**

**Check here if you decline this request.**

I grant Dartmouth Health the right to use and publish any web-based education, videotapes, photographs, motion pictures and/or information obtained from the presentation or conference (the "Materials").

I hereby waive any action I may have for payment or royalties in connection with any exhibition, televising, or publication of the Materials.

I grant Dartmouth Health the right to store, reproduce, distribute, publish, and display the Materials in perpetuity. In the event, however, that I request Dartmouth Health discontinue use of the Materials in the future, Dartmouth Health will try its best to accommodate my request, but I understand that Dartmouth Health cannot guarantee that it will be able to do so.

By signing this form, I release Dartmouth Health, its subsidiaries and affiliates, and its officers, directors, trustees, employees, members, managers, agents and other representatives from all claims and demands arising out of or in connection with any use of the Materials, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation, and any other personal and/or property rights.

I have read and fully understand this form, and all of my questions have been answered.

**Participant (or Parent/Guardian) Signature:**

**Date:**

*(For electronic responses, type name/date and then send electronically as an enclosure.)*

Updated: 08/24/2022