Permission for Photography/Video-Recording/Audio Recording

I, _____, hereby authorize Duke Health to photograph, video-record and/or audio-record me.

I understand the photographs, video-recordings, and/or audio-recordings may be used in any manner considered proper by Duke Health administration or staff.

The images, sounds, and/or information obtained by Duke Health may be edited and/or transferred to any other media (such as the web, CD-ROMs, film or print media) without inspection or approval, on my part, of the finished product or the specific use to which this material may be applied.

The images and/or information obtained by Duke Health shall become the property of Duke Health and may be marketed for any purposes whatsoever. Such publishing and marketing may be done by Duke Health and/or by other publishers and/or professional organizations without inspection or approval, on my part, of the finished product or the specific use to which this material may be applied.

The images and/or information obtained by Duke Health may be used for promotional purposes and/or for education of the public through any media format, including DVD or CD-distribution, public or private broadcasting, newspapers, magazines, and/or the internet. If the materials are copyrighted by Duke Health, the material will be under the control of Duke Health. I understand, however, that once information and/or materials are released to the public information media, Duke Health no longer has control over their use.

I understand that I may not receive compensation for appearing in this material and for my consent for the release of this material. I know that I have the right not to be photographed, video-recorded, and/or audio-recorded. I hereby release and discharge Duke Health as well as their assigns and/or representatives from any and all claims and demands arising out of or in connection with the use of the photographs, video-recordings, and/or audio-recordings, including any associated release of protected health information which is evident in the material.

I have read this form and fully understand the contents. I agree to be bound by this consent form. I acknowledge and represent that I am 18 years of age or older and have the right to contract in my own name.

_____

SIGNATURE Date

_____

Printed Name E-mail or phone contact info