

Consent and Release

In consideration of my taking part or participating in teaching situations and encounter groups, and in the interests of science and the furtherance of medicine, I the undersigned, consent to and authorize Des Moines University, its employees, agents, successors, and assigns to take photographs, motion pictures, produce closed circuit television programs, video recordings, and other visual and/or auditory recordings, in connection with which I may be involved. I further authorize the subsequent use of any of the aforementioned material as may be deemed necessary or advisable by Des Moines University, its employees, agents, successors, assigns, in the furtherance of medical science, education, or practice. In addition, in the interests of teaching and training, I consent to the presentation of relevant medical information and clinical demonstration to professional groups.

This release and consent shall be in full force and effect and apply to any of the aforementioned materials in which I have been involved up to the date of my signing this consent and release, as well as to any such materials in which I may be involved in the future from the date of my execution of this consent and release, and it shall not be necessary for Des Moines University to obtain an individual consent or release for each separate session.

I further agree to hold Des Moines University, its employees, agents, successors, and assigns, free and harmless from any claims, demands, or suits for damages, that I or anyone may now have or ever claim to have by reason of the use of the above materials.

I authorize the release my materials in accordance with the previous statements.

I do not authorize the release of my materials.

Dated this _____ day of _____ 20_____

Name: _____

Signed: _____

Witness Name: _____

Witness Signature: _____