**CONSENT TO RECORD**

Presenter agrees to permit Nebraska Medical Education Trust and its legal representatives to film or videotape Presenter’s education/training provided under this Agreement and, for any lawful purpose, to further permit Nebraska Medical Education Trust and its legal representatives, successors, and assigns at no further charge to broadcast the film or videotape or any part thereof for live audiences or to post the film or videotape or any part thereof on Nebraska Medical Education Trust’s or public websites for both private and public viewing.  Presenter further agrees to release, discharge, and hold harmless Nebraska Medical Education Trust and its legal representatives, successors, and assigns from any and all claims, actions, and demands or whatsoever nature, including but not limited to any claims of libel or invasion of privacy, arising out of or in connection with the use of any film or videotape or any part thereof made pursuant to this Agreement.  Presenter also waives any right to inspect or approve the finished film or videotape or the use to which it may be put.  This section shall survive termination of this Agreement.

**Please complete the following:**

I hereby grant Nebraska Medical Education Trust the right to reproduce my photograph and/or voice and/or name in the form of a videotape or voice recording. In addition, I grant the right to reproduce these films or tapes to be accessed in limited quantities to be made available to other hospitals, colleges and/or other health care professionals solely for educational purposes.

[ ]  Yes

[ ]  No

I grant permission for my presentation to be broadcast live via satellite for immediate viewing to sites within Nebraska.

[ ]  Yes

[ ]  No

I grant permission for my presentation to be transmitted via Internet and remain available for viewing.

[ ]  Yes

[ ]  No

I agree to follow HIPAA privacy standards in my presentation, and remove any patient identifiable information.

[ ]  Yes

[ ]  No

**By selecting "Yes" and typing your full legal name, you are submitting an electronic version of your signature and accepting the terms and conditions of this form.**

Signature:

Date: