**CONSENT TO RECORD**

Presenter agrees to permit <Your Company Name> and its legal representatives to film or videotape Presenter’s education/training provided under this Agreement and, for any lawful purpose, to further permit <Your Company Name> 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 <Your Company Name> or public websites for both private and public viewing.  Presenter further agrees to release, discharge, and hold harmless <Your Company Name> 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 <Your Company Name> 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" above 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: