

# VUSN AUTHORIZATION TO CREATE, USE AND DISTRIBUTE PHOTOGRAPHS, VIDEOS RECORDINGS AND SOUND RECORDINGS

**Subject Lecturer/Panelist/Presenter/Student** (Please indicate applicable role of subject by circling one or more.)

Name: \_\_\_\_\_ (Please print subject's name.)

Address: \_\_\_\_\_

The signed original will be filed with **Mazo Freeman** (see full address below).

A copy will be retained by the course coordinator (if applicable), and a copy will be provided to the signatory.

**Please indicate your permission by circling and initialing each of the applicable choices below:**

## EDUCATIONAL ACTIVITIES

**Yes No N/A** \_\_\_\_\_ I authorize VUSN faculty and staff, the VU Media and Public Relations staff, and other VU personnel to make photographs, video recordings and sound recordings that document my role as a participant (lecturer, panelist, presenter, clinician or student) in educational or social activities related to functions of Vanderbilt University School of Nursing and to exhibit, publish, televise, broadcast on the Internet, digitally distribute or otherwise show said photographs, videos or sound recordings for educational and related purposes and to permit others to do the same. I understand that there is a possibility that I may be identifiable in these photographs, videos, or sound recordings, though my name will not be published unless I specifically agree below. I grant this authorization as a voluntary contribution in the interest of nursing education and knowledge.

**I DO I DO NOT** \_\_\_\_\_ consent to the use of my name with these photographs, videos, sound recordings or written/audio accounts.

## MEDIA RELEASES AND PUBLIC RELATIONS

**Yes No N/A** \_\_\_\_\_ I authorize members of the VUSN faculty and staff, VU Media and Public Relations staff, and other VU personnel, to make and publish photographs, videos, sound recordings, or written/audio accounts that document my role as a participant (lecturer, panelist, presenter, clinician or student) in educational or social activities related to functions of Vanderbilt University School of Nursing in newspapers, magazines, other publications, television, motion pictures, the Internet, or other media, which will be circulated to the general public for marketing, business, or any other purpose, or to provide access to members of the public media to do the same (*name of media outlet(s), if applicable:* \_\_\_\_\_).

I understand that there is a possibility that I may be identifiable in these photographs, videos, or written/audio accounts, though my name will not be published unless I specifically agree below. I grant this authorization as a voluntary contribution in the interest of nursing education and knowledge.

**I DO I DO NOT** \_\_\_\_\_ consent to the use of my name with these photographs, videos, sound recordings or written/audio accounts.

I release any and all rights or claims for payment or royalties in connection with any exhibition, televising, broadcast on the Internet, publication on digital media, or other showing of these motion pictures, videotapes, sound recordings or photographs, regardless of whether such exhibition, televising, broadcast on the Internet, publication, or other showing is under philanthropic, commercial, or private sponsorship, and regardless of whether a fee of admission or film rental is charged.

I agree to release and hold harmless Vanderbilt University, its trustees, agents, officers, and employees from any liability related to the making or use of these motion pictures, videotapes, sound recordings, photographs or written/audio accounts for the purposes stated above.

I understand that I may refuse to sign this authorization, and that my refusal to sign will not affect my treatment as a student, lecturer, panelist or employee. I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance of this authorization.

I understand that the information released may be subject to re-disclosure by some recipients and may no longer be protected by federal and state privacy rules related to health information.

Authorization for all uses and disclosures indicated above will expire 10 years from the date of signature, however, I acknowledge VU is unable to control the continued use of photographs, videos, sound recordings and digital copies by non-VU personnel after expiration of this authorization.

**Signature of Lecturer/Panelist/Presenter/Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To revoke this authorization, please send a written request with a copy of this completed form to the address below:**

Mazo Freeman, School of Nursing, Vanderbilt University, 308 Godchaux Hall, 461 21st Avenue South, Nashville, TN 37240