The Simulation Center at Fairbanks Hall

AUTHORIZATION AND CONSENT TO PHOTOGRAPH AND PUBLISH

The undersigned hereby authorizes the staff of the Simulation Center at Fairbanks Hall on the campus of Indiana University / IU Health to photograph or permit other persons to photograph while participating in simulation-based training:

photograph while participating in simulation	i-based training:
PRINT	NAME
	tives, prints, videotape or films prepared manner as deemed appropriate. The used for purposes including, but not limited cians, health professionals, members of the scientific, public relations, advertisement,
right to compensation for these uses by rea	for fund raising goals and hereby waives any son of forgoing authorizations, and the by hold the simulation staff of the Simulation s, harmless from and against any claim for
The term "photograph" as used in this agree photography in any format, as well as videot means of recording and reproducing images.	tape, videodisc and any other mechanical
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Print name:	
Street address:	
City, State, Zip:	
Yes, you may use my video for educati	ional purposes.

__ No, you may not use my video for educational purposes.