Appendix A

UTHSC Simulation Program

Media Capture Consent

By signing this Media Capture Consent ("Consent"), I do hereby agree and authorize the University of Tennessee, through its Health Science Center (UTHSC), Simulation Program, and all respective employees, agents, officers and trustees, to photograph, video record, and/or audio record, by direct transmission or reproduction ("Captured Media"), my participation in Simulation Program activities.

My consent gives UTHSC the right to use any Captured Media, including but not limited to photos, video, or audio recordings of me, for the purposes of quality improvement, education, research, academic/medical journal publication, and any other purpose to further UTHSC’s educational mission of teaching, training and research. I understand that during my participation in Simulation Program activities I have no expectation of privacy. In addition, I consent to the use of Captured Media, including photos, videos or audio recordings, for inclusion in: training/educational material, web site content, news releases, printed marketing brochures, or other UTHSC authorized forms of communication (internal or public). Such uses as may be made will not constitute a direct endorsement by me of any product or service. By this Consent, I further waive and release any rights to the Captured Media, including any right to compensation of any kind. This Consent shall bind my heirs, executors, administrators or assigns.

I understand and agree to the conditions outlined above an I am fully aware of the contents of this Consent.

_________________________________________ ________________________
Signature of Participant Date

_________________________________________
Printed Name of Participant

_________________________________________
Department or Academic Program