

# Individual Release Agreement

Name(s) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

The undersigned hereby authorizes or ratifies the taking of video tapes, motion pictures, photographs, and/or voice recordings by the University of Oklahoma Health Sciences Center Subject to the following conditions:

1. That said videotapes, motion pictures, photographs, and/or voice recordings, the publication, showing, or other use thereof will be for the purpose of medical, educational, or scientific teaching or research only.
2. That in consideration of the benefits conferred on me by an through the medical research carried on here at the University of Oklahoma Health Sciences Center and being willing, of at all possible, to contribute to the Health Sciences education, I give this permission.
3. Further, I relinquish and give to the University of Oklahoma all right, title, and interest I may have in the finished and/or reproduced video tapes, motion pictures, photographs, and/or voice recordings.
4. That the nature, purpose, and proposed use of said videotapes, motion pictures, photographs, and/or voice recordings has been fully explained to and is understood by me. I acknowledge that no guarantee has been made as to the results that may be obtained.
5. That no royalty, fee, or other compensation of any character shall become payable by reason of the taking or use of such videotapes, motion pictures, photographs, and/or voice recordings.
6. That this consent is expressly intended to release from liability all personnel of the University of Oklahoma Health Sciences Center, it being understood that everything possible will be done, consistent with the purpose of this consent, to protect my privacy in the use of said videotapes, motion pictures, photographs, and/or voice recordings.

Signature: \_\_\_\_\_

Or next of kin or guardian: \_\_\_\_\_

Relationship to client or patient: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City/State Zip

Witness: \_\_\_\_\_  
Signature and title of person securing consent:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title