

UW Medicine

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Speaker Release and Clearance

Event/Program Name:

Project Number:

I, _____, enter into this Release with the University of Washington and UW Continuing Medical Education ("the University").

Authorization. I authorize the University to create recordings of my presentation at the Event and, in conjunction with my presentation, of my image, likeness, and/or voice ("Recordings"). I agree the Recordings may take the form of photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files, and/or any other media.

Scope of Use. The University, at its discretion, may use and allow others to use the Recordings in their original or edited form in any media for any and all educational and commercial purposes, and may use and allow others to use my name, image, likeness, voice, and biographical or other information in connection with the Recordings. I understand that use of the Recordings may include, but not necessarily be limited to, the following:

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Release. I hereby release the University from all Claims relating to the use of the Recordings. For this purpose, a "Claim" is any legal proceeding, such as a suit for defamation, invasion of privacy, or infringement of copyright. In addition, my release of the University includes both the University itself and the University's officials, employees, representatives, agents, licensees, successors, and assignees.

I have read and understood the contents of this Release, and I have the right and authority to execute it.

Speaker's Signature

Date