

## **Recording Release Form**

Name/Title:
School/Company:
Presentation:
Series Title (If Applicable):
Date/Time:
Building/Room:

**Permission to Record and Reproduce.** I hereby grant the University of North Carolina at Chapel Hill, School of Medicine, and School of Medicine IT (collectively "the University of North Carolina"), a nonexclusive right to record using any medium (including, but not limited to, lecture capture, videography, or photography), reproduce, publish, and otherwise make available, my image, including my name, likeness, voice or any combination thereof; and my presentation materials (Materials) and recordings of Materials; including distribution of those recordings and Materials by any tangible or digital media (e.g. print, DVD, memory card, external storage device), or over the internet.

**Retention of Copyright by Presenter.** I understand that this grant to the University of North Carolina will not alter ownership rights of the Materials in accordance with U.S. Copyright Code, and that I will retain the right to use all or part of the Materials in future works, such as books and lectures. I represent that use of Materials is not in conflict with or in violation of any previously issued permissions or copyrights or is not otherwise illegal. The University of North Carolina will not be held responsible and will not provide any form of legal or financial support if these Materials are in violation of any previously issued permissions or copyrights or copyrights or used in an illegal manner.

## I attest that Protected Health Information (PHI) is not included in this presentation.

Date

The University of North Carolina at Chapel Hill School of Medicine · School of Medicine IT 145 MacNider, Campus Box 7045, Chapel Hill, NC 27599-7560 Phone (919) 966-9900 · Fax (919) 966-6923