

Photograph/Video/Audio Recording Consent and Release Form

1. I, the undersigned _____

Staff/Student Number _____

hereby give my consent to and authorise the University of the Witwatersrand, Johannesburg ("the University") to:

- 1.1. photograph, make a video recording of me and/or record my voice, use my name, interview me, use quotes from the interview(s) (or excerpts of such quotes) (the "Recording");
- 1.2. edit such Recording;
- 1.3. the use and reproduction by the University, or anyone authorised by the University, of any and all Recording and all related materials including but not limited to in its publications and other print and electronic media (including the Internet);
for purposes of incorporating such Recording in an online training course ("Paediatric Physical Examination Skills MOOC") without further notification or compensation to me.
2. I understand and agree that the University will retain final editorial, artist, and technical control of the Recordings.
3. The University may use, and authorise others to use, online training course ("Paediatric Physical Examination Skills MOOC"), any portions thereof and the Recording in all markets, manner, formats and media, whether now known or hereafter developed, throughout the world, in perpetuity.
4. The University will own all right, title and interest, including the copyright, in and to the online training course ("Paediatric Physical Examination Skills MOOC"), including the Recording and related materials, to be used and disposed of, without limitation, as the University in its sole discretion determines.
5. I acknowledge that I have read and understood the contents of this release in every respect and accept these as binding upon me.



Signed at.....on this the.....day of20.....

(signed)

(witness)

Address: _____

Telephone: _____

E-Mail: _____