

**UNIVERSITY OF MANITOBA  
RADY FACULTY OF HEALTH SCIENCES  
CLINICAL LEARNING AND SIMULATION PROGRAM**

**Consent for Release of Audiovisual Materials**

I hereby authorize the staff of the Clinical Learning and Simulation Program (CLSP) to take video and sound recordings of \_\_\_\_\_ .

Print name of participant

I understand that these video and sound recordings are to be used for health care education. I understand that a copy of this audiovisual material will be provided to the preceptor and/or students for their use outside of the CLSP, according to the CLSP policy on use of Audiovisual materials.

I hereby waive any right to approve the finished product or product that may be used with the video and sound recordings of the above named participant.

I understand that I will not be paid for the video and sound recordings in which the above named participant is subject.

I hereby waive all claims that I or the participant might have against the CLSP, Rady Faculty of Health Sciences, University of Manitoba, and their employees and agents, in any manner whatsoever relating to the said video and sound recordings.

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I, \_\_\_\_\_ have read and consent to the above statements.

Print name of person  
giving consent

Relationship to participant Self

Parent

Guardian

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Date signed dd/mm/yyyy

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Signature of participant or person empowered to  
give consent