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 __________________________ .

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 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.

I, __________________________ have read and consent to the above statements.

Print name of person giving consent

Relationship to participant Self □ Parent □ Guardian □

Date signed dd/mm/yyyy

Signature of participant or person empowered to give consent