

CONSENT AND RELEASE FORM - Adult

Product Title: _____

Product Description:

NCTSN has requested my permission to videotape all or part of my likeness, performance, and/or audio tape my voice for the aforementioned product.

I, _____

hereby authorize the National Child Traumatic Stress Network (NCTSN) and the National Center for Child Traumatic Stress (NCCTS) to use, reproduce, and/or publish video, audio clips, and/or photographs that may pertain to me—including my image, likeness and/or voice. I understand that this material may be used in whole or in part for broadcasting purposes and for any other publication, and non-broadcast purpose in any manner or media in perpetuity throughout the world. I understand this material will also appear on the NCTSN Internet Web Page. Consequently, NCTSN/NCCTS may publish materials, use my my first name (if deemed necessary), photograph, and/or make reference to my first name in any manner that the NCTSN deems appropriate in order to promote the dissemination of this product.

If the product is used for consultation, training or educational purposes, I will not be identified by anything other than my first name which is likely to appear in the video. I understand there is some risk that viewers of the tapes may recognize me.

I further agree that the product, including all images, audio clips, and photography created in connection with it, belong entirely and exclusively to the NCTSN. I understand and agree that material which includes my likeness may also be used in connection with program publicity and promotional purposes. I hereby release and discharge the NCTSN/NCCTS as well as their assigns and/or representatives from any and all claims and demands arising out of or in connection with the use of the photographs, videotape and/or audio tape. I will receive no compensation for consent for the release of this material. I also understand that participating in this project will not in any way affect any care I receive at an NCTSN member site. I have read this form and fully understand the contents. I acknowledge and represent that I am 18 years of age or older and have the right to contract in my own name.

I consent to be videotaped/audio taped for the aforementioned product.

Legal Name (please print): _____

Signature: _____

Date of Consent: _____

Contact Number: _____

Address: _____

Signature of Person Administering Consent: _____

Date of Consent: _____