



AUDIO VISUAL CONSENT & WAIVER FOR BROADCAST

Your presentation at the (event) on (date) has been selected for special emphasis. Because of its timeliness and major importance, we request permission to record your presentation for educational purposes. Proceeds, if any, will aid the continuing education programs of Loma Linda University, School of Public Health.

_____ (INITIAL) I hereby give permission to Loma Linda University School of Public Health to record my presentation(s) during the above said event with the understanding that they may be used for classroom education and online continuing professional education.

_____ (INITIAL) I understand that such permission does not grant the School of Public Health exclusive rights to my presentation materials in any way.

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_____ (INITIAL) Please assist our audio visual staff with obtaining the best possible recordings by using the microphone at all times and by repeating all questions asked by persons not near a microphones.

Title(s) of Presentation(s): (please print clearly)

Signature (electronic signatures not accepted)

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Date

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