



Video Recording Consent Form

I, _____ (*print name*) hereby give my consent to

The Montreal Neurological Institute and Hospital (The Neuro)

(a) to record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium and to use my name in connection with these recordings; and

(b) to use, reproduce, exhibit or distribute these recordings in whole or in part in perpetuity in any and all media throughout The Neuro (including but not limited to print publications, video tapes, non-theatrical, home video, CD-ROM, internet and any other electronic or other medium presently in existence or invented in the future) for any purpose that The Neuro, and those acting pursuant to its authority, deem appropriate, including promotional, recruiting, advertising and any commercial or non-commercial use.

I hereby release The Neuro from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have for any violation of any personal or proprietary right I may have in connection with such use of my likeness, voice, or name in any medium. I understand and agree that all such recordings, in whatever medium, shall remain the property of The Neuro.

I have read and fully understand the terms of this release.

Event Name _____

Name (print) _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Signed _____ Date _____