

# Medical Multi**MEDIA** Group

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## Medical Multimedia Group Recording Release

I, \_\_\_\_\_ (**Participant**), consent to be interviewed, videotaped and recorded and the recorded material made available for distribution. Distribution of this material may include broadcast on television and radio, distribution via audiotape, CD, DVD and other types of recording media and download from Internet.

MMG agrees to obtain **Participant's** approval of the recorded material in writing prior to publication and release of the recorded material. Only those portions of the recorded material that have been approved by the **Participant** will be published in any media.

I consent to publication of the program, in whole or in part, without restriction or limitation for any use.

I consent to the use of my name, likeness, voice, and biographical material about me in connection with the program publicly and for promotional purposes.

I agree that Medical Multimedia Group, LLC owns the audio and video and all rights related to the audio and video described below. The audio and video may be used in any manner or media (e.g., web sites, publications, promotions, broadcasts, webcasts, advertisements, posters and theater slides) without notifying me.

MMG grants to **Participant** an unrestricted license to use the recorded material. The audio and video may be used in any manner or media (e.g., web sites, publications, promotions, broadcasts, webcasts, advertisements, posters and theater slides) without notifying MMG.

I expressly release Medical Multimedia Group, LLC, its trustees, officers, agents, employees, licensees, and assignees, from any and all claims, including copyright, privacy, and defamation arising out of any broadcast, exhibition, publication, or promotion of this program.

I am at least 18 years of age and competent to sign this release. I have read this release before signing. I understand its contents, meaning and impact and I freely accept the terms.

Description of recorded material this release applies to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_