



### **Speaker Consent and Release Form**

Event Name:

Event Date:

Event Location and/or Virtual Link:

By signing below, I acknowledge that I have read and agreed to the following:

1. The University of Maryland School of Nursing (UMSON) may record my presentation on film, tape, disk, or any other forms of media.
2. My name, voice, likeness, and biographic or other information may be used by UMSON in connection with my presentation and/or recording. Copies of any visual aids and other materials used or provided by me may be made and distributed by UMSON in connection with the presentation.
3. I grant UMSON, on a nonexclusive basis, the right to reproduce, distribute, display, and provide recordings of my presentation and presentation materials, in whole or in part, as well as my name, voice, and likeness, by means of the internet, via physical media, and through photographic images for credit and non-credit educational programs offered by UMSON.
4. To the extent my presentation or presentation materials are protected by copyright law, I reserve those rights to myself except as granted above.
5. Except as noted below and to the best of my knowledge, the presentation and presentation materials are my own original material for which I have full authority to grant the rights set forth in this Consent and Release Form.
6. I lack authority to grant rights to the following materials:

Name (Printed):

Date:

Signature:

*We will accept an electronic signature in a digital PDF in addition to a wet signature on a printed, scanned, and emailed version of this form.*