INDIANA UNIVERSITY–PURDUE UNIVERSITY INDIANAPOLIS

NEWS MEDIA PARTICIPANT RELEASE FORM

The undersigned hereby transfers and assigns to the Indiana University Board of Trustees the exclusive right to use and to authorize others to use all or any part of his/her image or interview (as recorded on photographic or radiographic film, videotape, audiotape, laser or compact disk, or in other electronic formats) in the program or article on:

A Multidisciplinary Approach to Treating the Medically Compromised Patient

The undersigned also hereby transfers and assigns to the Board of Trustees of Indiana University the right to use and to authorize others to use all or any part of his/her image or interview (as described above) in related media such as books, magazines, journals, pamphlets, and other written, video, and computer formats.

Printed name of participant ____________________________

Signature of participant __________________________________________

Date ________________________________________________________

If a participant is under 18 years of age, this form should be signed by a parent or guardian.

Signature of guardian __________________________________________

Date ________________________________________________________