

**‘Model Release / Patient Consent Form’**

ISS – Digital Media Services  
Newcastle University  
Tel +44 (0) 191 222 7707



**Print Name: (Block Capitals)**.....

Address.....

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.....

.....

Date of Birth: .....

Hospital Number (if applicable): .....

I give consent for video recording (and the use of still frames from the video) to be made of me, for use as -

**‘Promotional/teaching/general use’** Including distribution on video, CD, DVD, in media displays, in all printed materials, web sites and for use within/by Newcastle University.

I understand that the recorded media may be seen by the general public and that no attempt will be made to conceal my identity. All or part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration.

Once released I realise that recovery of the recorded media may not be possible. I understand that no fee is payable to me by Newcastle University or any other person in respect of the material either now or at any time in the future.

I confirm that the purpose for which the recorded media may be used has been explained to me, in terms which I have understood.

To be completed by subject or parent/carer who has parental responsibility (if the subject is younger than 16 years)

I agree to the above statement

Signature (Model, patient or parent/guardian /staff).....

Date:.....

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