



## Release Form for Media Recording

I, the undersigned, do hereby consent and agree that **Barr Center for Innovative Pain & Regenerative Therapies**, its employees, or agents have the right to take photographs, videotape, or digital recordings of me beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of \_\_\_\_\_. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to **Barr Center for Innovative Pain & Regenerative Therapies**, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that **Barr Center for Innovative Pain & Regenerative Therapies** is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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

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

Phone: \_\_\_\_\_

Witness for the undersigned: \_\_\_\_\_

Signature: \_\_\_\_\_