# 

# IRB RESEARCH STUDY MULTIMEDIA RELEASE

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed by the researcher** | | | | | | | | | | | | |
| Principal Investigator: | | | | | |  | | | | | | |
| Research Study: | | | | | |  | | | | | | |
| Type of Release (check all that apply): | | | | | | | | **Audio** | **Video** | | | **Photo** |
| **To be completed by the research participant** | | | | | | | | | | | | |
| Name of Participant: | | | | |  | | | | | | | |
| In consideration for participating in the research study referenced above, I hereby grant to Lipscomb University (“Lipscomb”), and those acting pursuant to its authority, a non-exclusive, perpetual, worldwide, irrevocable license to record, use, reproduce, exhibit and distribute my presentation, likeness, voice, name and/or identity on a video, audio, photographic, digital, electronic, Internet or other medium without restrictions or limitations (the “Recordings”) for the following purposes and uses (*please initial and check all of the following that apply*): | | | | | | | | | | | | |
|  | **Initials** | | **☑** | **Recording Purpose** | | | | | | | | |
| 1. |  | |  | The Recordings can be used for scientific publications. | | | | | | | | |
| 2. |  | |  | The Recordings can be used for scientific conferences or meetings. | | | | | | | | |
| 3. |  | |  | The Recordings can be used for educational purposes. | | | | | | | | |
| 4. |  | |  | The Recordings can be used for public presentations to non-scientific groups. | | | | | | | | |
| 5. |  | |  | The Recordings can be used on television or the audio portion can be used on radio. | | | | | | | | |
| 6. |  | |  | The Recordings can be posted on a Lipscomb website. | | | | | | | | |
| 7. |  | |  | The Recordings can be used for reports/presentations to any research funding agencies. | | | | | | | | |
| I hereby agree to defend, hold harmless, indemnify, release and forever discharge Lipscomb and its trustees, officers, agents, representatives and employees from and against any and all liability, claims, actions, causes of actions and damages (including reasonable attorneys’ fees) of any kind whatsoever in law and in equity, both past and present and whether known or unknown, arising out of or related to (a) the use of my name, likeness, identity, voice, photographic image, video graphic image and voice, and the Recordings, and (b) any personal, intellectual property (including copyright), proprietary or other rights that I may have in connection with any use of the Recordings. To the extent required, I hereby grant and assign to Lipscomb all copyright in the Recordings and any video, audio, photographic, digital, electronic or other medium utilized in connection therewith. I hereby acknowledge and agree that Lipscomb shall have exclusive ownership of the copyright and other proprietary and property rights in the Recordings. **I acknowledge and understand that my name will not be used in any publication.** | | | | | | | | | | | | |
| I have read and understood this Multimedia Release, am at least eighteen (18) years of age and fully competent, and execute the same as my own free will. | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | Date: |  | |
| If the participant is under the age of eighteen (18), the undersigned parent/guardian of the participant agrees to the terms of this Multimedia Release on behalf of the above-named participant: | | | | | | | | | | | | |
| Parent/Guardian Signature: | | | | | | |  | | | Date: |  | |
|  | | | | | | |  | | |  |  | |