

# Video Talent Release Form

Production For: USACS "Best in Medicine" Video Challenge

Date: \_\_\_\_\_ Residency Program: \_\_\_\_\_

Name of Producer: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

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\_\_\_\_\_

Please submit additional copies for additional participants. The information provided will not be distributed or used for any purpose other than to keep on file for record of legal release by the participants. Thank you.

Please upload with video submission.

Questions? E-mail us at [video@usacs.com](mailto:video@usacs.com)