

Video Talent Release Form

Production For: EMP "Best in Emergency Medicine" Video Challenge

Date: _____ Residency Program: _____

Name of Producer: _____ E-Mail: _____

Address: _____

Phone: _____ Signature: _____

I, the undersigned, grant to Emergency Medicine Physicians ("EMP"), their agents or assigns, the absolute right and permission to use any and all photographs, digital images or video images of me, or my likeness for any commercial and non-commercial purposes. I understand that I will receive NO monetary compensation for the use of said images or likeness. I agree that the photographs, digital images or video images are solely owned by EMP and irrevocably release EMP from any and all claims or liability, known and unknown, of any nature or kind, arising out of the use of said photographs, digital images or video images.

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Print Name: _____

Print Name: _____

Phone Number: _____

Phone Number: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Phone Number: _____

Phone Number: _____

Address: _____

Address: _____

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@emp.com