

CONSENT TO RECORD

Name of Person Being Photographed / Filmed / Taped / Noted in Promotional Items (please print):

Name

Title

Agency or Company

Address

City/State/Zip

Phone Number

Email Address

I, the above named person, consent to being depicted by the Association for Clinical Pastoral Education, and authorize the Association to photograph, film, audio tape and / or interview me. I agree that the Association for Clinical Pastoral Education may use my likeness, visage, voice or my physical depiction, of any kind or nature, in such materials, prints or negatives, films or tapes, audio or visual, for the purpose of publication or broadcast in the public relations and fund raising activities of the Association for Clinical Pastoral Education. All prints, negatives, and tapes will be owned by the Association and used for activities and projects related to the mission of the Association.

I release and hereby agree to hold the Association for Clinical Pastoral Education and its agents and employees free and harmless from any and all claims, liabilities and damages arising from or out of the responsible photography, filming, taping and/or interviewing of myself. I further attest that any information presented to the Association for Clinical Pastoral Education, Inc. in public or in writing is my original work or is properly documented. It shall be the responsibility of the author to obtain written permission from the owners of any copyrighted materials to be used in presentations; and, to furnish the Association with said permissions for any portions of presented materials to be printed.

In addition, I grant permission to the Association for Clinical Pastoral Education, Inc. to release photography / taping / interviewing of the above named person to print and / or electronic media for education, public relations, and marketing purposes with the understanding that my likeness and / or voice may, in some way, be publicly presented or utilized in a manner that may, if sold, generate revenue for the Association.

AGREED TO AND ACCEPTED BY:

ASSOCIATION'S AGREEMENT BY:

Speaker's Signature

ACPE Representative

Name of Speaker (print or type)

Date

Date