

South Shore Hospital Continuing Medical Education Faculty Consent and Release Form

Program Title: _____

Program Date: _____

Faculty Name: _____

South Shore Hospital strives to sponsor the highest quality educational programs. On occasion, the Hospital may audio-tape, videotape or otherwise record programs to use for educational purposes, in an effort to bring such important information to a wider audience. Programs may be presented on South Shore Hospital's website via streaming audio/video or in other formats.

South Shore Hospital seeks your consent to record your presentation, and your release for South Shore Hospital to use any such recording, as described above. Execution of this consent and release does not obligate South Shore Hospital to record and/or use the presentation.

By signing below, I consent to have my presentation recorded and release it for use by South Shore Hospital as described.

Faculty signature

Date