

Interprofessional Continuing Education
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Recording Agreement

I hereby authorize Rush University Medical Center, its agents and/or employees to make a recording of my voice, image, or likeness in any media whatsoever, including but not limited to photographs, videotape(s), audiotape(s), or any electronic or digital medium.

I understand that the recording(s) may be used for research, diagnostic, therapeutic, educational, or public relations purposes.

I further understand that I have the right to withdraw my consent to a recording being made at any time before the recording is made and for the use of such recording within a reasonable period of time before the recording is used for any of the permissible purposes.

Presentation Title

Date

Electronic Signature