



AUGUSTA  
UNIVERSITY

## Interdisciplinary Simulation Center

J. Harold Harrison, M.D. Education Commons

I, \_\_\_\_\_ fully understand and agree that participation in a simulation activity in the Interdisciplinary Simulation Center offered by the Augusta University (hereinafter referred to as Simulation Activity) may be videotaped and reused at any time by the faculty/ instructor for nonprofit educational and/or promotional purposes. I understand and agree that if the Simulation Activity is videotaped, the copyright of the videotape is owned by the Augusta University.

For and in consideration of the Augusta University (AU) allowing me to participate in the Simulation Activity, I hereby authorize AU to use, videotaped, record, and transmit my name, image, voice, or contributions in connection with the Simulation Activity for the above stated purposes. I assign to AU any property rights, including but not limited to copyright, that I might have in any of my course contributions or in the videotape, and I agree that I will not receive any compensation for my participation in the videotape. Additionally, I hereby release AU and the Board of Regents of the University System of Georgia, its members, officers, and employees from liability for any and all claims or causes of action of whatever kind or nature, whether known or unknown, foreseeable or unforeseeable, including but not limited to invasion of privacy or copyright infringement arising out of my participation in the Simulation Activity.

In simulation, there are a variety of products used to simulate body fluids to portray realism. During a simulation session, there could be the possibility that you would come in contact with these substances. Please list below if you have a serious allergy:

\_\_\_\_\_

I acknowledge that I am at least eighteen (18) years of age, I have read and understand the Authorization, Assignment and Release of Liability Agreement and I am voluntarily signing this agreement.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Course Title or Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Form ISC-05(2017)