

Duke University Office of News and Communications  
Radio-Television Services

Event: \_\_\_\_\_

Date: \_\_\_\_\_

CONSENT TO OBSERVE/RECORD:

I hereby consent to the videotaping/photographing/audio recording of myself,

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I understand that all material obtained will be used by Duke University for educational and related purposes, including external distribution via satellite broadcast, cable TV, radio broadcast, webcast, podcast or on-demand streaming in digital format on the Internet, as well as online distribution services such as iTunes and YouTube, and others as they become available. Duke may also share this material with others, as appropriate.

This agreement does not in any way affect the ownership of rights of the content presented in the video, audio recording or photograph.

I understand that I will receive no compensation for my consent to participate in this project.

I have read this form and have the opportunity to ask questions about the project. I agree to be bound by this consent form.

Signature \_\_\_\_\_

Date \_\_\_\_\_