



## Media Release Form Sponsored Session Speakers

**Please have each of your speakers complete the following release form for your session.**

Production Title: **2021 Wounds Canada Virtual National Conference**

Production Date: **October 21-23, 2021, plus our French Symposium October 24, 2021**

I hereby permit Wounds Canada (Canadian Association of Wound Care) to record my session and use my likeness for promotional and educational purposes. I also consent to the use of my name and provided bio and any such photographic or electronic reproductions of me for any purpose, including posting to Wounds Canada's website, conference platform and social media accounts, but not limited to educational and other public media as may be deemed appropriate by Wounds Canada (I understand that I may be identifiable from such photographic or electronic reproduction).

I understand that I will receive no remuneration in exchange for any use of my likeness.

I understand that my name, provided bio and the photographic or electronic reproductions may appear in electronic form on the internet or in other publications outside of Wounds Canada's control. I agree that I will not hold Wounds Canada responsible for any harm that may arise from such unauthorized reproduction.

### **Virtual Session Recording:**

Sessions will be recorded and available until January 31, 2022 on the conference platform (accessible only to anyone registered for the virtual conference). After the platform closes, sessions will be uploaded to the Wounds Canada YouTube channel for public viewing.

- ☐ I fully consent to the production day, virtual platform archival and Wounds Canada YouTube viewing.
- ☐ I consent only to the production day and virtual platform archival.
- ☐ I do not give consent to record this session.

I hereby certify that I am eighteen years of age or older, and that I have read, understood the contents and meaning of this Media Release, and agreed to the foregoing.

**I understand I am free to contact Wounds Canada with any questions regarding this release.**

Agreed and accepted by:

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***If a sponsor representative is signing on a speaker's behalf, it is understood that they have received approval from the individual speaker and have been granted permission to sign on their behalf.***