Region 5 Regional Trauma Advisory Committee (RTAC)
Consent to Photograph, Film, Record, and/or Interview

Purpose: Region 5 RTAC Education and Outreach **Date: _____**

I authorize the Region 5 Regional Trauma Advisory Committee (RTAC) and to photograph, film, tape, and/or interview the below-named participant(s). I authorize photographic negatives, prints, digital images, and digital video prepared during the program to be utilized by the Region 5 RTAC. I understand that such material may be used for education, publication, broadcast, social media, or internet-related purposes for up to ten years from the date of this release.

I agree to and hereby release and hold harmless the Region 5 RTAC and its agents, sponsors, and volunteers from any and all liability arising out of photography, filming, recording, and/or interview. I understand that these will be carried out with my full consent, and I assume full responsibility.

I understand that I have the right to revoke this authorization at any time and the Region 5 RTAC must cease using this authorization for any **new** projects. The region 5 RTAC may complete any projects initiated prior to my revocation. I understand that in order to revoke this authorization, I must do so in writing and send the revocation to the Region 5 RTAC Project Coordinator at Region 5 RTAC, c/o Region 5 Office of EMS and Trauma, 1000 Indian Springs Dr., Forsyth, Georgia 31029.

FOR QUESTIONS OR INFORMATION, EMAIL REGION5RTAC@GMAIL.COM OR CALL KRISTAL SMITH AT (478) 288-0708.

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Print Participant's Name **Participant's Signature**