

e-Learning Unit

Centre for Medical and Healthcare Education
St George's University of London
4th Floor Hunter Wing
Cranmer Terrace
London SW17 0RE
United Kingdom

Project: eViP (Electronic Virtual Patients)

Performer Consent and Release Form for Virtual Patient Digital Content

Background:

- A. The aim of the eViP programme is to create a collection of multilingual and multicultural virtual patients to improve the quality and efficiency of medical and healthcare education across the world.
- B. [The e-Learning Unit at St George's Hospital Medical School (trading as St George's, University of London)], is working as part of this collaboration with other International medical and healthcare education establishments to repurpose and share existing virtual patients with the wider online community as part of the eViP programme.
- C. [St George's University of London] intends to allow other medical, healthcare and educational collaborative establishments to use, re-use, store and distribute the digital content, including x-rays, images, photographs, films, and recordings, for the purpose of developing digital teaching and educational tools in concordance with the Creative Commons licensing model.
- D. All personal information supplied will remain confidential and will not be made publically available.
- E. The undersigned have agreed to appear/perform on the digital content

Agreement:

- 1. The undersigned individuals, or the parent or guardian of any one or more of the undersigned who are 18 years of age, do assign to [St Georges, University of London] and the eViP programme all rights, whether or not known in and to all motion picture or still photographs of my or my child's likeness, poses, acts and appearances or the sound records made by [St George's, University of London] or my or my child's voice.
- 2. The foregoing permission is given for the benefit of [St George's, University of London], the eViP consortium and any of its successors, assignees or corporations, to use, re-use, store, distribute present, assign and/or exploit any digital content involving the Undersigned, including photography, videos, recordings information and names.

I do not consent to any of the the above photographs videos or recordings revealing my face.
(tick box if above applicable)

- 3. I understand that my participation is voluntary and that I have the right to withdraw permission at anytime, by providing written notice to the address above, without any penalties. In the case of withdrawal it may not be possible to recall any multimedia items that have already been shared or disseminated.
- 4. I have read this performer release and consent form carefully and fully understand its meaning and implications. I have had the opportunity to ask questions.

*If you are under 18 years of age, a parent or guardian must also sign.

Name of Participant	Date	Signature
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*Name of Person giving consent (if different from participant, e.g. Parent)	Date	Signature
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Signed at the [[e-Learning Unit at St George's, University of London](#)]:

Name of staff	Date	Signature
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