



International Society for  
Technology in Arthroplasty

## CONSENT FORM

I, \_\_\_\_\_ hereby authorize the International Society for Technology in Arthroplasty (ISTA) and its assignees to take photographs, sound recordings, and videotapes or other recording media (recordings) of me as they wish while I am engaged in lectures, seminars, or any other activities. I also grant ISTA the right to use these recordings and my name, voice, and likeness and biographical information, and information regarding my treatment of patient illness or injury, or any portion thereof, and the right to publish, edit, promote, distribute, copy, and advertise all such items in any educational, editorial, promotional, broadcast, or other program or material whatsoever.

In consideration, I hereby release and hold harmless ISTA and any of its principals, agents, servants and employees, officers, directors, licensees, designees, distributors, successors, and assignees from any and all liability arising out of, or in connection with, the taking, recording in any media, publication, distribution, editing or any other use whatsoever of such items. I acknowledge and agree that I am entitled to no compensation for the use of such materials even though ISTA (and others) may receive economic benefit, including profits, therefrom. This consent is granted for worldwide use and sale of any resulting multimedia publications, broadcast, or recording and with no time limit.

In the event of an error in publication, the sole responsibility of ISTA will be to make reasonable attempts to correct such errors in a succeeding edition of a publication within its control. Such correction is in lieu of any other remedy. ISTA expressly disclaims all other liability, loss, incidental damage, or consequential damage arising from negligence or any other errors in publishing or other use.

I also assign to ISTA the rights granted to me by the said patient(s), to record by any media their likeness, name, voice, biographical information, and information regarding their illness, injury, and treatment thereof. I represent and warrant that I have a full release and consent from any/all patients to use any of their medical information in my presentation and/or publication. I represent and warrant that the information presented is the result of my own research and preparation and not subject to any confidentiality or third person's proprietary interests.

PRINT NAME: \_\_\_\_\_

SIGNATURE:

DATE: \_\_\_\_\_