CSurgeries Informed Consent Form

I give my full consent to the below named physician and GDT Innovations, owner of CSurgeries, for the online publication, reproduction, broadcast, and other use of video recordings, photographs, and other audio-visual material of myself, including my face, and textual materials (case histories) in all editions of the below-named video submission to GDT Innovations, and in any publications, as well as in any advertising or promotional material for such product or publications. I understand that full precautions will be in place to protect my identity when possible, such as angling the camera to not display my face, or having a drape placed so that my face is not displayed on the video. I understand, however, that due to the nature and location of my surgical procedure, that it may at times be impossible to entirely or partially cover my face, or other identifying features in the video or photographs. I understand that my name will remain confidential, and will not ever be published.

I declare, in consequence of granting this permission, that I have no claim on ground of breach of confidence or any other ground in any legal system against the below listed author or GDT Innovations in respect of such use of the above mentioned materials. I understand that I will not be compensated for agreeing to have my surgery recorded or for the publication of any associated audio or visual materials. I understand that these materials will remain online indefinitely, and can be accessed by anyone in the general public who is viewing the CSurgeries website or any website owned by GDT Innovations. I understand that these materials may be used for educational, commercial, or otherwise unspecified use by anyone accessing the materials. I also understand that I retain the right to withdraw my consent prior to the recording of the surgery or within 10 days following the filming.

I hereby agree to release and discharge the below mentioned author, GDT Innovations, CSurgeries, or other contributors and their agents, publishers, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy, copyright or moral rights or violation of any other rights arising out of or relating to any use of my image or case history.

Printed Name of Patient: ________________________________

Signature of Patient: ________________________________

Date of Signature: ________________________________

If the patient is under 18 years of age or is an adult that has been deemed incapable of providing informed consent, please explain relationship of person signing on behalf of the patient:

________________________________________________________________________

This portion is to be completed by the author obtaining informed consent:

Title of Submission:

Note to authors: This consent form should be obtained prior to filming; it should be retained by the corresponding author and should not be sent to GDT Innovations. A copy of the consent or evidence that such consent has been obtained must be provided to GDT Innovations upon request.

Printed Name of Author Obtaining Consent: ________________________________

Signature of Author Obtaining Consent: ________________________________

Date of Signature: ________________________________