

CME PRESENTER GENERAL CONSENT FOR USE OF PHOTO, VIDEO, VOICE RECORDINGS AND ANY ELECTRONIC MEDIA

I hereby voluntarily consent and without compensation authorize my photographic, video images, voice recordings, and/or any electronic presentation media ("MEDIA") to become the property of **DIAMOND HEADACHE CLINIC RESEARCH AND EDUCATIONAL FOUNDATION** in connection with any related Continuing Medical Education ("CME") program, including any related materials distributed in advance of the presentation.

DIAMOND HEADACHE CLINIC RESEARCH AND EDUCATIONAL FOUNDATION can use, modify, and distribute all or part of any such media without compensation for future educational purposes. I understand that an active consent is required prior to my participation as a CME presenter and is valid until I revoke my future participation as a CME presentation in writing. The revocation of my future participation will be effective upon receipt of my written notice to the address below and will not apply retroactively to media from past programs. If I decide to participate again as a speaker in the future, I will have to sign a new consent.

DIAMOND HEADACHE CLINIC
RESEARCH AND EDUCATIONAL FOUNDATION
1235A NORTH CLYBOURN AVE, SUITE 408
CHICAGO, IL 60610

I release **DIAMOND HEADACHE CLINIC RESEARCH AND EDUCATIONAL FOUNDATION** and its personnel from any and all liability that may or could arise from the taking, recording, publication, use, modify, and distribution of this media.

PRESENTER NAME:	DATE:	
PRESENTER SIGNATURE:		

GENERAL CONSENT 1