

Permission to Capture/Live Stream

Yo	ur Name:			
Tit	le of Prese	entation:		
Da	te of Prese	entation:		
		Live Stream Permission (If Applicable)		
0	Yes	I hereby grant the University of Wisconsin Interprofessional Continuing Education Partnership (ICEP) permission to live stream my presentation via the internet.		
0	No	I do not grant the University of Wisconsin Interprofessional Continuing Education Partnership (ICEP) permission to live stream via the internet my presentation.		
		Capture/Asynchronous Education Permission (If Applicable)		
0	Yes	I hereby grant the University of Wisconsin Interprofessional Continuing Education Partnership (ICEP) permission to audio and video capture and make available my presentation in digital or any other forma but not limited to distribution on the internet, for the period of time that the content is available as an a continuing education activity to learners enrolled in ICEP accredited courses. I understand that ICEP will copyright in the recording but not in my underlying materials.	ccredited	
	Special Instructions:			
0	No	I do not grant the University of Wisconsin Interprofessional Continuing Education Partnership (ICEP) permission to audio and video capture my presentation for later distribution.		
		Reason:		
		Copyright		
Ву	signing be	elow, I hereby represent the following to be correct:		
0	rights, a	ghts, title and interest in the material used in my presentation, including but not limited to intellectual property for I have explicit permission to use the material in my presentation, the material is subject to a license that permit g., Creative Commons Licenses), and/or my use of the material qualifies as Fair Use under United States Copyright		
	And			
0	I have fu	all rights to grant any permissions granted in the sections above.		
	And			
0	=	rovided the appropriate attributions for any images, data, and other materials in my presentation of which or owner.	l am not the	
	Sigr	nature: Date:		