

**Release Form for Use of Video and Audio Recordings**

This form is to be completed by individuals and organisations who have submitted video, audio recordings or other produced media to IPTOP

I, the undersigned grant a release to the International Association of Physiotherapists working with Older People (known as IPTOP) and any legitimate subsidiary thereof use of my videos, audio recordings and any other produced media.

I therefore grant IPTOP and its legitimate subsidiaries the authority to:

1. reproduce, use, exhibit, display, broadcast and distribute these videos, audio recordings and other produced media in print, digital and electronic formats

2. use such material for promoting, publishing or explaining IPTOP and its activities with the understanding it will be used in a socially responsible and morally correct manner.

3. the right to amend or modify the videos, audio recordings and other produced media in any manner

I understand that IPTOP will hold my files for 5 years, after which they will be deleted completely from their storage systems and all other systems managed by IPTOP. No further production of these files will occur, and they will not be used for any purposes after this date within the control of IPTOP.

I acknowledge that I can contact IPTOP by emailing secretary@iptop-physio.org to discuss the removal of my media from their own material. However, I understand that due to the nature of some of the media this may be beyond the control of IPTOP and therefore outside of the scope of their control.

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| --- | --- |
| Name: |  |
| Organisation (if applicable) |  |
| Signature |  |
| Date |  |