**Metropolitan Detroit Medical Library Group**

**RELEASE FORM**



Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to the Metropolitan Detroit Medical Library Group (MDMLG) to make pictures, videotapes, or voice recordings of me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. MDMLG will then be allowed to use the recordings for the purpose of disseminating, archiving, educating, or training in any non-profit manner. Video recordings may be posted to YouTube, but viewing will be limited to MDMLG members only.

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