

indicated **b**low

s / No
No
rdings - Yes / No
s or other medical images – Yes / No
will be added to an Open Education Resource (OER) medical education media
ntion of supporting the creation of educational materials. The collected media will lable to the public under a Creative Commons Non-Commercial license

_____. This license allows others to use and adapt the media for use in non-commercial works. I further understand that because these



Upon receiving your email, the associated media will immediately be removed from the OER media library. However, we are unable to recall media that has already been used by others or prevent further distribution from others who have already copied the media.

I give permission to [INSTITUTION] and the Faculty of Health Sciences at Western University to collect the media stated above. I understand that the collected media will be added to an open educational resource media library and that these materials will be made publicly available and may be freely copied, edited, distributed, transmitted, published, exhibited or otherwise used for non-commercial purposes. I waive all rights that I may have in the use of my likeness, photograph, voice, or appearance in these multimedia items. I will not receive any payment for any use of them. I have read this consent form, and I understand the permission I am giving. My questions have been answered to my satisfaction.

nrr.1 (t)0.32Tw 27100d()Tj00Tc 3.24Tw 165___nr//P &MCID 109(/-d(2Tj099401 [(R)-3 (ic)2.2pr 0d[(ic)2.2s)-1.5(ic)2.2ni)-1.5(ic)2.2n