

**Dan Gardner, MD**  
Psychiatry and Psychoanalysis  
Traumatic Brain Injury Consultant  
Diplomate, American Board of Psychiatry and Neurology  
Distinguished Life Fellow, American Psychiatric Association

PO Box 2275, Del Mar, CA 92014  
Phone 858.560.5609 Fax 844.837.1205 [dgardner@ucsd.edu](mailto:dgardner@ucsd.edu) [www.dangardnermd.com](http://www.dangardnermd.com)

## **DISCLAIMER AND AUDIO/VIDEO RELEASE FORM**

**I understand that my audio and/or video interaction with Dr. Gardner is not intended to create nor does it create a physician-patient relationship between Dan Gardner, MD and me. I agree to not rely upon or act upon any information from Dan Gardner, MD without seeking professional medical advice. [initial here:            ]**

**I understand that the content of my interview with Dr. Gardner is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. I agree to always seek the advice of my physician or other qualified health provider with any questions I may have regarding a medical condition. I will never disregard professional medical advice or delay in seeking it because of something I said in my interview with Dr. Gardner. I will not delay seeing a doctor if I think I have a medical problem, and I will call 911 if I have a medical emergency. [initial here:                    ]**

Effective as of the date shown below, approval for past, present, and future use is being granted to Dan Gardner, MD. This permission includes the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video without payment or any other consideration.

I understand that my image and/ or audio may be edited, copied, exhibited, published or distributed. I understand that I have the right to inspect and approve the finished interview product before it is initially published. I waive the right to approve subsequent modifications of the audio and/or video product.

[For brain injury survivors and family members] I understand that my first name only will be used in any published materials.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations;
- Courses;
- Online/Internet Videos;
- Media;

- News (Press);

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in public settings.

I understand that, upon my request in writing, Dr. Gardner agrees to delete the recordings made of my interview with him from any websites at which he has authority to do so.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of my informational interviews with Dr. Gardner.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

Full Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If this release is obtained from a person under the age of 18 or an adult who has a legal guardian, then the signature of a parent or legal guardian is also required.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Last updated: 09/04/2022