

*Dr. Linda Hancock*, BA, BSW, M.Ed., PSY.D.

Registered Psychologist and Registered Social Worker

[www.drLindaHancock.com](http://www.drLindaHancock.com)

(403) 529-6877 – office

(403) 581-0511 - fax

## Media Page

### **AUDIO/VIDEO REQUIREMENTS:**

- Please secure an excellent sound system
- Lavalier microphone (if more than 60 people), wireless preferred
- or a hand-held cordless wireless one with at least 50 feet of cord (long enough to reach the back row)
- Ability to connect laptop to the sound system (cords and fittings required)
- LCD projector (at least 1200 lumens) and extra projector light bulb
- Cable long enough to reach to the back of the room so PowerPoint can be synchronized from there
- Freestanding screen (preferred, but fixed screen OK)

### **AUDIO PERSONNEL:**

- One pass and/or name badge for Dr. Hancock's personal photographer and/or videographer (who will not interfere with promoter's recordings or the audience's enjoyment of the event).
- If you have questions or would like to hire an expert to operate the sound system please contact

Rob Walter

Digital Impressions

[rob@digitalimpress.ca](mailto:rob@digitalimpress.ca)

1-306-227-2201

The name and number of the person who is responsible for the sound room and equipment should be sent to Rob so that he can communicate directly with that person.

### **LIMITATIONS:**

The client agrees not to audio or video tape the presentation without prior written agreement and will incur an extra charge in addition to the professional fee to do so.

**Copyright and intellectual property rights of the recorded presentation belong solely to Dr. Linda Hancock**

*Dr. Linda Hancock*, BA, BSW, M.Ed., PSY.D.

Registered Psychologist and Registered Social Worker

[www.drlindahancock.com](http://www.drlindahancock.com)

(403) 529-6877 – office

(403) 581-0511 - fax

## AUDIENCE RELEASE FORM

I, \_\_\_\_\_ agree to participate in audio/video recording of this event by the staff of Dr. Linda Hancock on \_\_\_\_\_ (Month/Day/Year). Any products sold as a result of this may be used as a testimonial statement for prospective or existing clients of Dr. Hancock.

I agree and understand that my participation as a testimonial subject will be done with no compensation to me in any form, at any time, now or in the future. I hereby grant Dr. Linda Hancock unrestricted use of my name, likeness, voice, pictures in any audio or video tapes or any other electronic media, any print media, or any other media in perpetuity with no compensation or remuneration in any form or in any manner.

In addition, I am stating that any testimonial information that I am providing in the above referenced audio clip/interview/sound/other is:

- based on my own experience,
- and that all my comments are true,
- and that I am not being compensated in any way for the use of my testimonial
- and have freely provided this testimonial without any expectations of or receipt of any compensation now or in the future.

I agree to all the terms and conditions as written above.

Participant's signature	
Name (print clearly)	
Company name	
Address	
City	
Postal Code/Zip Code	
Phone	
FAX	
Email	
Date	