

BioStori Sample Participant Media Release & Authorization

This sample document is provided for demonstration purposes only and should be reviewed by legal counsel, privacy officers, and study sponsors before use in an actual clinical research setting.

Participant Information

Name: _____

Study Name: _____

Date: _____

Purpose

I voluntarily agree to participate in interviews, photography, audio recordings, and/or video recordings related to the communication and educational activities associated with the study identified above.

Authorization

I authorize the study sponsor and its designated media partners, including BioStori, to record and use my likeness, voice, statements, photographs, and video recordings for educational, awareness, recruitment, fundraising, research communication, and promotional purposes, as approved by applicable review processes.

Distribution Channels

Authorized content may be distributed through websites, social media platforms, digital advertising, presentations, educational materials, newsletters, and other approved communication channels.

Privacy & Protected Health Information

I understand that any health information, diagnosis information, treatment history, or personal experiences shared by me will only be used as specifically authorized by this release and any additional required privacy authorizations.

Voluntary Participation

My participation is voluntary. I may decline to answer questions or stop participating in interviews at any time before publication.

No Guarantee of Study Outcomes

I understand that my statements reflect my personal experience and will not be presented as guarantees of safety, effectiveness, or study outcomes.

Participant Signature: _____

Date: _____

Witness/Representative: _____