



CONSENT FORM for GESEA Swiss

To support its advertising, marketing and educational activities, GESEA Swiss desires to process your images and Personal Data in its materials. For such purpose, GESEA Swiss needs your explicit consent.

By signing below, I, the undersigned, grant to GESEA Swiss my consent to the following activities:

Creation and modification of photographs, video, and/or audio recordings of me (hereinafter: «Images») taken in the course of my medical practice as a healthcare professional.

Use of the Images and Personal Data in any materials produced or distributed in any medium for GESEA Swiss advertising, marketing and educational activities such as brochures, reports, promotional videos, social media and websites, educational forums, electronic media, or other public display or publicly disseminated communication means (hereinafter: «Materials») for the purpose of portraying a healthcare professional during the course.

Publication, distribution and transfer of the Images and Personal Data to third parties anywhere in the world at the sole discretion of GESEA Swiss, for the abovementioned purposes.

I understand and expressly consent to the transfer of my Images and Personal Data to GESEA Swiss and other third party service providers who carry out services on behalf of GESEA Swiss, that may be located in countries outside of the European Economic Area (EEA) and Switzerland that may not have similar data protection laws. Any such transfer will be carried out on the basis of safeguards and guarantees that are in compliance with applicable data protection laws. I understand that, upon request and to the extent possible, details will be provided regarding those recipients, and the countries involved.

I understand that, upon request sent to admin@gesea-swiss.ch (or via post to GESEA Swiss, c/o Chefarztsekretariat Gynäkologie, Friedbühlstrasse 19, 3010 Bern), I may (i) ask for access to the Images and to my Personal Data as processed by GESEA Swiss, (ii) ask for the correction of any incorrectly stated information, and (iii) revoke the consents given at any time, whereupon GESEA Swiss, and any third party acting on its behalf, will cease using the Images and Personal Data in any new and future Materials. I also have the right to ask for deletion of my Images and Personal Data, whereupon GESEA Swiss will comply with my request to the extent possible and in compliance with applicable data privacy laws. I understand that the Images and the Personal Data may continue to appear in Materials that have already been publicly published. I understand that GESEA Swiss may need to request proof of identity in order to process my request. I also understand that I have the right to lodge a complaint with the relevant data protection authority.



I agree that all the Materials will be the property of GESEA Swiss or its assignees and that I will have no interest in any intellectual property rights in relation to the Images or the Materials. I acknowledge that GESEA Swiss has no obligation to use any of the Images or Personal Data.

I grant this consent without restriction or right to compensation, or any requirement that I examine and approve any intermediate or final copy of the Materials comprising (one or more parts of) the Images and the Personal Data. I understand that I will have no further financial claim against GESEA Swiss or any of its assignees in relation to any use, publication, distribution and/or transfer of the Images or the Materials which are in accordance with the terms of this Consent Form.

I have the authority to execute this Consent Form and, prior to executing, I have read it and understand its contents.

This Agreement is submitted to Swiss Law. The jurisdiction place shall be Bern.

Prof. Dr med. Michael D. Mueller
President GESEA Swiss
by AGE swissendos

Dr. med. Denis Faoro, Executive MBA
Chief Mentor GESEA Swiss
by AGE swissendos

Name: _____

Phone: _____

Email: _____

Venue:

Date:

Signature: