



PHOTO AND VIDEO CONSENT FORM

NAME: _____

ADDRESS: _____

This authorization grants permission to use your image (still or moving) and/or your spoken words for educational purposes.

By signing this document, you agree:

1. To allow the recording of your image and voice (e.g., photograph, audio, or video).
2. To distribute your image or recording in any medium, for educational purposes only, be it print or electronic form, which may include the Internet.
3. To grant permission to other entities to reproduce the images or recording for educational purposes.
4. That there is no reimbursement for the right to take, to use your photograph or video or recording.
5. The recording or image may remain on the educational website after posting

Nature of image and/or spoken words to be recorded: _____

Purpose of recording, image and/or spoken words, including the intended audience: _____

RESTRICTIONS AND LIMITATIONS

NONE

Specify, if applicable: _____

Your signature below verifies that you understand this process and agree to participate. The consent does not waive your legal rights nor does it release us from our legal and professional responsibilities.

Name (please print): _____

Signature: _____

Date: _____

Witness: _____