

*Portions of this event are being recorded for educational purposes. Please return the completed form to [Group Name] staff at your earliest convenience.
Thank you.*

Consent to Photograph, Video and Use

I permit **[Group Name]** and its personnel to take photographs or record an electronic image of me for educational purposes. If **[Group Name]** determines that education may benefit from the use of the images, they may publish and disseminate the images for academic purposes both in print and electronically (distribution via CD or web). I will not receive payment or any other compensation in connection with these images. **[Group Name]** will not sell or profit from these images; they will be disseminated gratis for public use.

I release **[Group Name]** and its personnel from any and all liability which may or could arise from the taking, recording, publication, distribution or other use of these images.

Signature: _____ Date: _____

Printed Name: _____

If you do not wish to sign this consent form, please check below and print your name.

____ I do NOT agree (print name): _____

Description of personal appearance and location in room:
