



Image and Voice Recordings Consent Form

I, _____, and my parent or guardian (as appropriate), hereby grant permission to Washington State University's Elson S. Floyd College of Medicine to be photographed or otherwise have images or voice recordings made (including but not limited to digital photographs, video or digital moving images and/or voice recordings), for WSU publication or promotional purposes in any medium (including but not limited to print media, newspaper, television, video, motion picture, or Web site on the Internet).

I additionally consent to the use of my name and/or interview comments in connection with WSU publication or promotional purposes in print media, newspaper, television, video, motion picture, or Web site on the Internet.

I understand that consent to use of my likeness or voice recordings is not a condition of participating in any WSU program and that consent can be refused without any impact on my ability to fully participate in the program.

No inducements or promises beyond our acceptance of an opportunity to promote WSU and its programs have been given to the persons signing below.

Any other use of images and/or recordings, my name, and/or interview comments requires advance permission.

I understand that I can revoke this consent at any time upon notice to WSU, at which time either or both of us will sign a copy of the denial (below) for use of images or voice recordings.

I agree to use of digital images or voice recordings as set forth above:

Signature of Parent/Guardian (for participant less than 18 years of age) Date

Signature of Participant Date

I do not agree to use of digital images or voice recordings as set forth above:

Signature of Parent/Guardian (for participant less than 18 years of age) Date

Signature of Participant Date