



CONSENT TO PHOTOGRAPH AND/OR VIDEOTAPE

Activity Description:	
Start & End Dates:	
Name:	Birth Date:
Parent/Guardian (if applicable):	Address:
Phone:	Email:
Participant consents to be: <input type="checkbox"/> Photographed <input type="checkbox"/> Filmed / Videotaped <input type="checkbox"/> None of the foregoing <input type="checkbox"/> Other: _____	
Purpose of Use/Disclosure: <input type="checkbox"/> University of Colorado Denver Anschutz Medical Campus/Center for Inclusive Design and Engineering marketing and public relations materials/publications for print, web, social media and electronic distribution <input type="checkbox"/> University of Colorado Denver Anschutz Medical Campus/Center for Inclusive Design and Engineering to document the progress of treatment <input type="checkbox"/> By University of Colorado Denver Anschutz Medical Campus / Center for Inclusive Design and Engineering for educational materials for course offerings, conferences, presentations, etc. <input type="checkbox"/> Publication in newspaper(s), magazine(s) or other educational publications	

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I understand and agree that the University may use, and may authorize others to use, my name, voice, and image, video and sound recordings containing my image, likeness, appearance and voice in any manner or media, including use on web pages, for publicity, illustration, or advertising purposes. The photographs, video and sound recordings may be used in whole or in part, alone or with other recordings. The photographs, video and sound recordings may be used for any educational, institutional, scientific or informational purposes whatsoever, including to promote the University, but not for any commercial uses. The University has the right and may allow others outside the University to copy, edit, alter, retouch, revise and otherwise change the photographs, video and sound recordings at the University's discretion. All right, title, and interest in the photographs, video and sound recordings belong solely to the Regents of the University of Colorado.

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Name <i>(REQUIRED. This constitutes a signature.)</i>	Date <i>(REQUIRED)</i>
Parent / Guardian for Minor <i>(REQUIRED IF APPLICABLE. This constitutes a signature.)</i>	Date <i>(REQUIRED IF APPLICABLE)</i>

This authorization will expire on the following: (check and complete only one box)		
<input type="checkbox"/> 99 years from date signed	<input type="checkbox"/> Date: _____	<input type="checkbox"/> Event: _____

For Office Use

Description: _ F _ M Details: (color hair, glasses, etc.): _____
 Photographer _____ Department _____

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