



## Video and Image Release

I grant the MSUCOM PA Medicine program permission to use my image and/or voice in videos, photographs or recordings of me, or my minor child, (please enter child/children's name):

\_\_\_\_\_ in publications, videos, mass media, educational events, research, service, or public relations activities for the college.

I release and waive MSU, COM, PA Medicine and its employees from any liability for use of media and waive any remuneration.

**Choose one of the following options:**

### Option #1

#### Agree to Release

I **agree** to the above statement, to release information, and to participate in data gatherings via surveys and/or questionnaires for research studies of educational outcomes.

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ APID: \_\_\_\_\_

### Option #2

#### Disagree to Release

I **do not agree** to the above statement, to release information, and to participate in data gathering via surveys and/or questionnaires for research studies of educational outcomes.

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ APID: \_\_\_\_\_