

FORT HAYS STATE UNIVERSITY
Department of Nursing
Consent Form

CONSENT TO PHOTOGRAPH, VIDEOTAPE, FILM, AND/OR AUDIOTAPE

I _____ (PRINT/TYPE NAME) consent to the
photographing or video recording of me participating in production activities. This
consent is hereby given to Fort Hays State University.

- 1. I authorize FHSU and/or their representative if, in their professional judgment, feels that any education, presentation, or marketing project or assignment will be benefited by this participation, to use or exhibit the products of this photography, filming, videotaping, and/or audiotaping for any purpose which is deemed proper. I understand that the medium of reproduction to be used may be either black and white or color still photography, in the form of either prints and/or slides, and motion picture filming, videotape, and/or audiotape.**
- 2. I waive all rights that I may have to any claims for payment or royalties in connection with any exhibition, reproduction, or showing of the videotape, film, photographs, or audiotape, regardless of instruction or private use, and regardless of whether a fee for admission is charged for the showing or rental of such materials.**
- 3. I grant this consent as a voluntary contribution in the interest of education and knowledge. If I choose to revoke this consent at any time, such revocation can be affected only by my advising the Project director and/or the current, responsible institutional official in writing or by registered mail of my revocation.**

_____, 20____
(Signature of consenting person) (Date)

(Signature of parent)