SCHOOL OF NURSING
UNIVERSITY OF MICHIGAN

Consent to Photograph or Record Electronically

Event:_____ Date: _____

I permit the University of Michigan to record a photographic image and or audio or video of me for educational, academic, or research purposes. If the faculty or staff of the University judges that education or research may benefit from the use of the photographs and/or recordings, the University may publish or sell (not for profit) them for academic purposes, or use them in any other professional manner that the University believes is proper, including, but not limited to: print and online publications, video, podcasting, and broadcast media.

I understand that the pictures and recordings belong to the University, and I will not receive payment or any other compensation in connection with the pictures and recordings.

I have had a chance to discuss this form with the University of Michigan staff and have received complete answers to all my questions.

I release the University of Michigan from any and all liability that may or could arise from the taking or use of the pictures.

Name/s:

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