

UAB Student UAB Resident UAB Employee Non-UAB

Consent to Photograph, Video, or Audio Record

The undersigned (Subject) does hereby agree and authorize UAB Office of Interprofessional Simulation and all respective employees, agents, directors, and trustees, hereafter known as “OIPS” to photograph, video record, and/or audio record their participation in simulation activities for the purposes of education, research, medical journal/publication, and/or marketing by OIPS and related UAB organizations. Uses for photos/recordings may include but are not limited to: news releases, website content, printed marketing brochures, training/educational material, or other authorized forms of organizational communication (internal or public) without compensation of any kind. Identification of Subject will be limited to role only (e.g., medical student, nurse, etc); Subject will not be identified by name.

The undersigned (Subject) does hereby release and relinquish all rights and privileges to all aforementioned negative(s), print(s), audio recording(s) and/or video recording(s) while relinquishing all current and future rights and interests for the purposes contemplated herein. This release shall be binding on the undersigned’s heirs and next of kin.

Signed on this the _____ Day of _____ in the year _____.

Subject or Legal Guardian

Print Name of Subject or Legal Guardian

BLAZER ID (if applicable)