

## WV AHEC RURAL COMMUNITY HEALTH SCHOLARS: MEDIA RECORDING/USAGE RELEASE



For the privilege of participating in activities for the WV AHEC Rural Community Health Scholars Program, I hereby give my consent for my image and likeness to be videotaped, audiotaped, or photographed for the following uses:

- Educational and instructional media
- Recruitment and outreach media
- Development media
- Newsworthy media documentation

I further authorize West Virginia University (WVU), WVU Hospitals Inc. and their component parts, the WVU Institute for Community & Rural Health, and the WV Area Health Education Centers Program Office and Regional Centers to utilize any electronic media and/or photographs of which I am a part in any manner – whole or in part.

This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographic reproductions thereof for the production of educational, instructional, promotional or institutional advancement materials which support the educational and outreach activities of the aforementioned parties.

I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs, and I release West Virginia University, WVU Hospitals Inc. and their component parts, the WVU Institute for Community & Rural Health, and the WV Area Health Education Centers Program Office and Regional Centers from all liability which could result from its use.

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*A parent or guardian must sign this form if the participant is a minor, or if the participant requires consent from a parent or legal guardian for any reason related to their mental or physical health.*

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_