

# Idaho Healthcare Institute

## Media Pass

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### PHOTO & MEDIA RELEASE FORM

FULL NAME: \_\_\_\_\_

CLASS: M/W T/TH TIME: AM PM

I am Over the age of 18

I am Under the age of 18

Parent Name if Under the age of 18: \_\_\_\_\_

I grant permission the student to participate and appear in video or audio recording, photographs, or on websites and social media sites Idaho Healthcare Institute & College of Eastern Idaho.

I do not consent to use of the student's photograph, voice, and/or name in various media projects.

Parent Signature if Under the age of 18:

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**Student Signature:**

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**Date:** \_\_\_\_\_