



## PHOTO & MEDIA RELEASE FORM

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

- I am over the age of 18  
 I am under the age of 18

Parent/guardian name: \_\_\_\_\_

\_\_\_\_\_ I consent / grant permission for participation and to appear in video or audio recordings, photographs and/or websites and social media sites for Idaho Healthcare Institute and College of Eastern Idaho.

\_\_\_\_\_ I do not consent / grant permission for participation and to appear in video or audio recordings, photographs and/or websites and social media sites for Idaho Healthcare Institute and College of Eastern Idaho.

\_\_\_\_\_ I understand this release has no expiration unless specifically stated.

Parent signature If under the age of 18 : \_\_\_\_\_

Student signature : \_\_\_\_\_

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