



*NP-AHEC Pre-Professional Retreat*

# Mass Media Consent

**Student Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

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

**Event:** NP-AHEC Pre-professional Retreat

In the interest of education and the advancement of the health sciences, I the undersigned, voluntarily authorize the Nebraska Panhandle Area Health Education Center and University of Nebraska Medical Center and its employees and agents to take photographs, produce newspaper or magazine articles, television programs, videotape recordings, internet materials and other visual and/or audio recordings in which I may be included in whole or in part.

I have had the opportunity to ask questions about the potential uses of the interview/photograph/videotape or other audio-visual. I give my consent to the Nebraska Panhandle Area Health Education Center and University of Nebraska Medical Center to release and to show the materials as it deems appropriate including the release and showing to the general public for publicity and promotion in newspapers, television, or by any other means selected by the Nebraska Panhandle Area Health Education Center and the University of Nebraska Medical Center.

**I consent to having my name identified with the materials.**

**I prefer not to be identified by name.**

I grant this authorization and give my consent as a voluntary contribution to the advancement of medical and other health sciences and education. Therefore, I waive the following: (1) any proprietary rights in the materials; and (2) any right I may have to inspect or approve the finished materials prior to publication.

I release the Nebraska Panhandle Area Health Education Center and the University of Nebraska Medical Center and its employees and agents from any claims arising from the use of such materials.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian of student under 18

\_\_\_\_\_  
Date