

Image Consent Form

Radford University

The signature to this form is verification of my consent of have recordings of audio or visual images (still pictures or video recordings) of myself and/or of the child as identified in the blank provided:_____.

For children under the age of 18 years, the legal guardian must complete and sign this form. These recordings are being taken for the possible purposes of:

1. Publicity of programs at Radford University
2. Class use at Radford University
3. Presentations at conferences and workshops
4. Publications dealing with outdoor recreation and related topics

If the visual recordings are used in any other manner from those identified above, guardians will be contacted for consent.

Thank you for your help.

(Print Name)

(Signature)

(Phone)

(e-mail)

(Date)