



# Consent for Photography/Videotaping/Filming/Imaging

(Consent is optional)

Name: \_\_\_\_\_ UNM ID #: \_\_\_\_\_

I hereby consent to being photographed, videotaped, filmed, or otherwise imaged at the UNM Health Sciences Center. I understand and agree that these photographs, videotapes, films, or images may be used as indicated below (check all that apply):

- Educational activities involving UNMHSC staff and/or employees
- Educational activities outside of UNMHSC involving others besides UNMHSC staff and/or employees
- Research activities
- Legal Purposes
- Public media, including news media, television, advertisements, public relations, or other \_\_\_\_\_
- Social Media
- Program Website

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date