

CONSENT FOR PHOTOGRAPHY

As faculty members at the University of Washington School of Medicine, we would like to use photographs of your child in a brief YouTube “music video” of your child singing and recording a science song. Before using these photos, we need your permission. Please read and complete the information below, and indicate whether or not you agree to allow use of these photos. Please return to Dr. Greg Crowther.

I, _____ hereby grant permission to the faculty, staff and students of the University of Washington to reproduce photographs the child (print name of child here) _____, for whom I am the parent or legal guardian. I understand I will not receive compensation and that the university owns all images. I also understand that these photographs may edited or modified and may be used on University of Washington web pages as well as in educational publications.

Additionally, I consent to the use of the name of the child for whom I am parent or legal guardian, to be used in connection with the publication of photographs taken of the child for whom I am parent or legal guardian.

1. I agree to allow photographs or videos of the child named above Yes _____ No _____

2. Name of person or persons being photographed: _____

3. Signature of person being photographed or the parent
or legal guardian of the person being photographed _____ Date: _____

4. Relationship to person being photographed,
if signing for minor or person who is incompetent _____

If you have any questions regarding this form, please contact Dr. Greg Crowther (206-685-2857 or crowther@uw.edu).